

KEEP THIS FORM ON FILE. DO NOT RETURN TO SED
--

CERTIFICATION OF ACCEPTANCE FOR RESIDENTIAL CHILD CARE INSTITUTIONS (RCCIs)

Please complete the following information during the annual renewal process on the Child Nutrition Management System and **retain on file** for examination by members of this Department or USDA during a review of your Child Nutrition Program. **Do not send the Certification of Acceptance to NYSED.**

SCHOOL FOOD AUTHORITY NAME: _____

12-Digit LEA Code: _____

The governing body of this School Food Authority accepts this Free and Reduced Price Meal or Special Milk Program Policy Statement, including the Family Income Eligibility Criteria and all required attachments and as indicated below:

Titles of Designated Officials

A. REVIEWING OFFICIAL

Address & Telephone

(Sections B & C are only applicable to RCCIs with day treatment students)

B. HEARING OFFICIAL

Address & Telephone

C. VERIFICATION OFFICIAL

Address & Telephone

An officer of the Board of Directors or the Executive Director must sign this form.

ORIGINAL SIGNATURE OF SCHOOL OFFICIAL

TITLE

DATE

2020-2021

- The Reviewing and Verification Official may be the same person. The Hearing Official cannot be the Reviewing or Verification Official.