2016-17 Community Eligibility Provision (CEP) Application Instructions

The New York State Education Department (NYSED) Child Nutrition Program is now accepting applications for the Community Eligibility Provision (CEP). Complete the excel document which is attached to this memo named "CEP Application Form 2016-17".

Applications for the 2016-17 school year will be collected throughout the 2016-17 school year, but will be based on April 1, 2016 enrollment and 2015-16 Direct Certification data. Applications for participation must be postmarked prior to the begin date for CEP. There will be no retroactive payments for CEP participation. Only complete applications will be considered.

The following items are required as of April 1, 2016 to be submitted with the 2016-17 CEP Application Form:

1. LEA/Group/School *student enrollment records/master list* as of April 1 (Student's first, MI, and last name; Parent/Guardian's first and last name; child's DOB; Address: street, city, state, zip code). This data should be organized by qualifying school building within the LEA. **The enrollment record/master list must include ALL students and be coded to indicate which students were identified to be eligible for the CEP based on: SNAP/Medicaid Direct Certification Matching Process (DCMP), extension of direct certification eligibility to other household member, Eligibility Letters for Free Meals/Milk, foster, migrant, runaway, homeless, and Head Start/Even Start. *Please see "sample coded student enrollment record/master list" below*.**

2. *CEP Affirmation Form* (pdf fillable form) attesting compliance with:

   o the current Direct Certification Matching Process (DCMP) procedures:
      • 2016-17 conducted at least once prior to annual reporting of the FNS 834 Direct Certification Rate Data Element Report, but as many as three or four times throughout the school year to accommodate other federal, State and local reporting mandates;
   o collecting and processing income eligibility applications using the Family Income Inquiry Form or other alternative each year if needed for other federal, State and local reporting;
   o provide accurate data for participating LEA/Group of Schools/Individual School and indication of how students have been identified eligible. Records must be retained on-site for review by federal, State and local entities to validate accuracy.

3. *CEP Application Form* for school year 2016-17 participation (the Application Form is an excel spreadsheet).

The following items are required to be **retained** in the LEA for review for three years beyond the duration of the CEP cycle:

4. *Direct certification match data file* retrieved from the Child Nutrition Management System DCMP database. This data file includes the case number, student's (first, MI, last) name, DOB, age, and address (street, city, state, zip). Select the August, October, February, and April data files from the database. This data should be organized by qualifying school building within the LEA and in corresponding order (i.e. alphabetical by last name) with the *student enrollment*

record/master list (#2 above). This data file must be retained with your Child Nutrition Program records and is subject to review.

5. *April 1 Enrollment record/master list* of **all students**, with appropriate designations for Directly Certified students, extension of eligibility, Foster, Homeless, Migrant, Runaway, Eligibility Letters for Free Meals/Milk, and Head Start/Even Start.

6. *Foster list* obtained from your county Office of Children and Family Services (OCFS).

7. *Homeless list* obtained from the McKinney-Vento liaison (visit www.nysteachs.org for a list of homeless liaisons).

8. *Migrant list* obtained from the migrant coordinator.

9. *Runaway list* obtained from the runaway provider.

10. *Eligibility Letters for Free Meals/Milk*, sent from NYSED.

11. *Head Start/Even Start* enrollment records.

Sample *Coded* Student Enrollment Record/Master List

School Building	Student' Name	Student's DOB	Parent/Guardian's Name	Address	Identification Code
Building 1	APPLE, MACK	8/4/2002	APPLE JAMES	11 Cortland St Fort Orange, NY 12345	A
Building 1	APPLE, TOSH	1/14/2004	APPLE JAMES	11 Cortland St Fort Orange, NY 12345	C
Building 1	BACH, SUSAN	7/2/2001	BACH BRITNEY	2 Mozart Ave. Fort Orange, NY 12345	I
Building 1	CURRY, RON	5/27/2006	SAGE SANDY	PO Box 5555 Fort Orange, NY 12345	E
Building 2	EVANS, EMILY	12/5/2004	JOHNSON TERI	2111 Broadway Fort Orange, NY 12345	B
Building 3	FAME, PRINCE	3/16/2009	FAME VICKI	99 Star Parkway Fort Green, NY 12346	G

Code Denotation:	Code Totals:
A= Electronic Direct Certification Matching Process (DCMP)	1

B= Eligibility Letters for Free Meals/Milk	1
C= Extension of eligibility to siblings or household members of SNAP/MEDI recipients or Eligibility Letter for Free Meals/Milk	1
D= Foster List	0
E= Homeless List	1
F= Migrant List	0
G= Runaway List	1
H= Head Start/Pre-K Even Start	0
I= non identified students	1
Total Number of Identified Students	**6**

Application Form Guidance

There is only one application form for use in applying for participation in CEP. Indicate in the Application Type box the CEP you are applying for, i.e., LEA, Group or Individual. If you are requesting multiple groups, you will need to complete multiple Application Forms, one for each group requested. If you are requesting multiple individual schools, you will complete one Application Form for each school. If you are applying for the entire LEA, ensure that data is entered for each individual school site in the LEA.

Enter data into the yellow form fields. Required data fields include LEA name, LEA code, school name/Recipient Agency (RA), School/RA LEA Code, contact person, phone number, and contact email. A description of each of the form fields (numbers 1 through 15) has been provided below. Information entered into the yellow form fields will self-populate the corresponding white fields on each application.

1. **LEA , Group or Individual School Enrollment**: Enter the total number of students enrolled in the LEA, Group of Schools or Individual School that have access to the breakfast and lunch programs.
2. **Direct Certification Matching Process (DCMP) Data - SNAP**: Enter the total number of students in the LEA, Group of Schools or Individual School that have been directly certified for SNAP by the DCMP.
3. **Extension of Eligibility**: Enter the total number of school age children residing in households of directly certified students through either the DCMP or Eligibility Letter for School Meals/Milk.
4. **Foster**: Enter the total number of students that were identified by obtaining a list from your county Office of Children and Family Services (OCFS).
5. **Homeless**: Enter the total number of students that were identified by obtaining a list from the McKinney Vento liaison (visit www.nysteachs.org for a list of homeless liaisons).
6. **Migrant**: Enter the total number of students that were identified by obtaining a list from the migrant coordinator.
7. **Runaway**: Enter the total number of students that were identified by obtaining a list from the runaway provider.
8. **Eligibility Letters for Free Meals/Milk Method**: Enter the total number of students that were identified by the letter from NYSED. **Only include the number of Eligibility Letters that have not already been counted in the DCMP. DO NOT COUNT THE SAME STUDENT TWICE.**
9. **Head Start/Even Start**: Enter the total number of students that were identified by these program enrollment records.

10. **Direct Certification Matching Process (DCMP) Data - Medicaid**: Enter the total number of students in the LEA, Group of Schools or Individual School that have been directly certified for Medicaid by the DCMP.

11. **Total Number of Identified Students**: This is the total number of Identified Students (total sum of lines 2 through 10).

12. **Identified Student Percentage (ISP)**: The number of eligible students divided by total enrollment in the LEA, Group of Schools or Individual School.

13. **Percent Matched multiplied by 1.6**: This is your percentage of Identified Eligible's multiplied by the factor 1.6 – this outcome yields your free claiming percentage.

14. **Percent Claimed as Free**: This is the percent that will be applied to total meals claimed, by meal, that will receive the free reimbursement rate.

15. **Percent Claimed as Paid**: This is the percent of total enrollment remaining after the free percent is subtracted, that will be applied to total meals claimed, by meal, that will receive the paid reimbursement rate.

*Numbers 11 through 15 of the CEP application form will be calculated based on the data you have entered in numbers 1 – 10 of the form.

<u>Application Submission</u>

Required documents can be attached to the following email: childnutceo@nysed.gov

1. Coded Student Enrollment Record/Master List (see #1 on page 1): Make sure that you include the total number of identified students broken down by category. See example above for further detail. Email as an attachment.
2. Affirmation Form (see #2 on page 1): This document must be scanned and attached to the email or sent through the mail because it requires a signature. All boxes must be checked to be approved for the CEP.
3. CEP Application Form (see # 3 on page 1): This document must be "saved as" to your computer prior to completing. Once it has been completed and saved, you can attach it to the email.

Keep a copy of all documents submitted on file with your Child Nutrition Program paperwork to substantiate and document CEP participation. These documents will be reviewed in future administrative and other applicable reviews by federal and State reviewers.