



# HANNIBAL

## Central School District

### *CEP Continues at all 3 Buildings*

We are excited to announce that all three buildings will continue to participate in the Community Eligibility Program through the New York State Education Department for the 2021-2022 school year.

What this means for our families is that any student who attends school at Fairley Elementary (UPK-4), Kenney Middle (5-8), or Hannibal High School (9-12), will receive one complete breakfast and lunch per day for free during the upcoming school year. There will be a charge for extras such as snacks, a la carte items, and additional milk or juice.

We have attached an income verification form that we need ALL families to complete in order to remain eligible for this program. We would appreciate your prompt return of this completed form to your child's school.

If you need assistance filling out the application, please come and see a building administrator or Nancy Younglove at the high school. Our eligibility for state aid, grants, discounted college tuition, along with the Community Eligibility Program is dependent on receiving the applications back. All information provided will remain confidential.

Thank you for your assistance in helping our students benefit from an incredible opportunity.

**Christopher A. Staats**  
*Superintendent of Schools*

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#### **USDA NONDISCRIMINATION STATEMENT**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

***This institution is an equal opportunity provider.***

## 2021-2022 Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

Hannibal Central School District is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete only one form for your household, sign your name and return it to the school named above. Call 315-564-7932 if you need help.

1. List all children in your household who attend school:

| Student Name | School | Grade/Teacher | Foster Child             | No Income                |
|--------------|--------|---------------|--------------------------|--------------------------|
|              |        |               | <input type="checkbox"/> | <input type="checkbox"/> |
|              |        |               | <input type="checkbox"/> | <input type="checkbox"/> |
|              |        |               | <input type="checkbox"/> | <input type="checkbox"/> |
|              |        |               | <input type="checkbox"/> | <input type="checkbox"/> |
|              |        |               | <input type="checkbox"/> | <input type="checkbox"/> |

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

| Name of household member | Earnings from work before deductions<br><i>Amount / How Often</i> | Child Support, Alimony<br><i>Amount / How Often</i> | Pensions, Retirement Payments<br><i>Amount / How Often</i> | Other Income, Social Security<br><i>Amount / How Often</i> | No Income                |
|--------------------------|---|---|--|--|--------------------------|
|                          | \$ _____ / _____  | \$ _____ / _____                                    | \$ _____ / _____   | \$ _____ / _____   | <input type="checkbox"/> |
|                          | \$ _____ / _____  | \$ _____ / _____                                    | \$ _____ / _____   | \$ _____ / _____   | <input type="checkbox"/> |
|                          | \$ _____ / _____  | \$ _____ / _____                                    | \$ _____ / _____   | \$ _____ / _____   | <input type="checkbox"/> |
|                          | \$ _____ / _____  | \$ _____ / _____                                    | \$ _____ / _____   | \$ _____ / _____   | <input type="checkbox"/> |
|                          | \$ _____ / _____  | \$ _____ / _____                                    | \$ _____ / _____   | \$ _____ / _____   | <input type="checkbox"/> |
|                          | \$ _____ / _____  | \$ _____ / _____                                    | \$ _____ / _____   | \$ _____ / _____   | <input type="checkbox"/> |
|                          | \$ _____ / _____  | \$ _____ / _____                                    | \$ _____ / _____   | \$ _____ / _____   | <input type="checkbox"/> |
|                          | \$ _____ / _____  | \$ _____ / _____                                    | \$ _____ / _____   | \$ _____ / _____   | <input type="checkbox"/> |

4. Signature: An adult household member must sign this application.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

**DO NOT FILL OUT – FOR SCHOOL USE ONLY**

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**  
**Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

SNAP/TANF/Foster  
 Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_  
 Free Eligibility     Reduced Eligibility     Denied Eligibility

Signature of Reviewing Official: \_\_\_\_\_

### CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

**PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

**PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.

### PRIVACY ACT STATEMENT

The Richard B. Russell National School Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child(ren) for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child(ren) are eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

# WHAT'S ON THE MENU?



## Available Daily at all Schools

**EXTRAS:** Milk: \$.60 • Chips: \$.60 • Ice Cream: \$.75 • Cookies: \$.75

|  | MON. 6th | TUES. 7th  | WED. 8th   | THURS. 9th  | FRI. 10th   |
|--|----------|--|--|---|---|
| <b>FAIRLEY ES BREAKFAST OPENING WEEK</b> |          | Cereal Bar with Yogurt<br>Craisin Pack<br>Fruit Juice • Milk | Mini Maple Pancakes<br>Strawberry Applesauce<br>Fruit Juice • Milk | Warm Cinnamon Breakfast Bars<br>Fresh Fruit<br>Fruit Juice • Milk | Banana Chocolate Chip Benefit Bar<br>Applesauce Cup<br>Fruit Juice • Milk |

|                                      | MON. 6th | TUES. 7th   | WED. 8th   | THURS. 9th  | FRI. 10th   |
|--------------------------------------|----------|---|--|---|---|
| <b>FAIRLEY ES LUNCH OPENING WEEK</b> |          | <b>CHOOSE ONE:</b><br>Cheese or Pepperoni Sheet Pizza<br>Ham & Cheese Sandwich<br>PBJ Sandwich<br><b>CHOOSE ONE OR MORE:</b><br>Corn, Seasoned Broccoli<br>Assorted Fruit Cup, Milk | <b>CHOOSE ONE:</b><br>Cheeseburger on Bun<br>Ham & Cheese Sandwich<br>PBJ Sandwich<br><b>CHOOSE ONE OR MORE:</b><br>Oven Baked Fries, Baked Beans,<br>Assorted Fruit Cup, Milk | <b>CHOOSE ONE:</b><br>Toasted Cheese Sandwich<br>Ham & Cheese Sandwich<br>PBJ Sandwich<br><b>CHOOSE ONE OR MORE:</b><br>Tomato Soup w/Goldfish Crackers,<br>Mixed Vegetables,<br>Assorted Fruit Cup, Milk | <b>CHOOSE ONE:</b><br>Chicken Tenders w/Corn Muffin<br>Ham & Cheese Sandwich<br>PBJ Sandwich<br><b>CHOOSE ONE OR MORE:</b><br>Waffle Fries, Sliced Carrots,<br>Assorted Fruit Cup, Milk |

|                            | MON.  | TUES.  | WED.  | THURS.   | FRI.   |
|----------------------------|---|--|---|--|--|
| <b>KENNEY MS BREAKFAST</b> | <b>DAILY SPECIAL:</b><br>Egg & Cheese Croissant   | <b>DAILY SPECIAL:</b><br>Warm Breakfast Buns & Rolls | <b>DAILY SPECIAL:</b><br>French Toast Bites or<br>Mini Maple Chip Waffles | <b>DAILY SPECIAL:</b><br>Bacon Egg & Cheese<br>Breakfast Pizza | <b>DAILY SPECIAL:</b><br>Warm Cream Cheese Filled Mini<br>Bagel or Fruit Filled Frudel |
| <b>CHOOSE ONE:</b>         | Banana Chocolate Chip Benefit Bar • Oatmeal Chocolate Chip Benefit Bar • Apple Benefit Bar  |  |   |  |  |
| <b>CHOOSE TWO:</b>         | Variety of Cereal Bars • Whole Grain Pop Tart • Gold Fish Grahams • Whole Grain Fruit Muffin • Cold Cereal Bowl • Zee Zee Whole Grain Bar |  |   |  |  |
| <b>MUST TAKE ONE:</b>      | 100% Fruit Juice, Fruit Cup or Fresh Fruit • Milk Choice of: 1% White or Fat Free White   |  |   |  |  |

|                                     | MON. 6th | TUES. 7th  | WED. 8th   | THURS. 9th  | FRI. 10th   |
|-------------------------------------|----------|--|--|---|---|
| <b>KENNEY MS LUNCH OPENING WEEK</b> |          | <b>CHOOSE ONE:</b><br>Cheese, Pepperoni or Garlic<br>Sheet Pizza<br>Sandwich Assortment<br><b>CHOOSE ONE OR MORE:</b><br>Corn, Seasoned Broccoli<br>Assorted Fruit Cup, Milk | <b>CHOOSE ONE:</b><br>Hamburger or Cheeseburger on Bun<br>Served with: Lettuce, Tomato, Pickle<br>Sandwich Assortment<br><b>CHOOSE ONE OR MORE:</b><br>Oven Baked Fries,<br>Baked Beans,<br>Assorted Fruit Cup, Milk | <b>CHOOSE ONE:</b><br>Toasted Cheese Sandwich<br>Sandwich Assortment<br><b>CHOOSE ONE OR MORE:</b><br>Tomato Soup w/Goldfish Crackers,<br>Mixed Vegetables,<br>Assorted Fruit Cup, Milk | <b>CHOOSE ONE:</b><br>Chicken Tenders w/Corn Muffin<br>Sandwich Assortment<br><b>CHOOSE ONE OR MORE:</b><br>Waffle Fries, Sliced Carrots,<br>Assorted Fruit Cup, Milk |

|                              | MON.  | TUES.   | WED.  | THURS.  | FRI.   |
|------------------------------|---|---|---|---|--|
| <b>HANNIBAL HS BREAKFAST</b> | <b>DAILY SPECIAL:</b><br>Egg & Cheese Croissant or Sausage<br>& Cheese Breakfast Sandwich                             | <b>DAILY SPECIAL:</b><br>Assortment of Warm Breakfast<br>Buns and Rolls | <b>DAILY SPECIAL:</b><br>French Toast Bites or<br>Breakfast Waffles | <b>DAILY SPECIAL:</b><br>Bacon Egg & Cheese Breakfast Pizza | <b>DAILY SPECIAL:</b><br>Pancake or Waffle<br>Breakfast Sandwich |
| <b>CHOOSE ONE:</b>           | Assorted Variety of Benefit Bars • Whole Grain Breakfast Donut Pack • Warm Bagel Assortment                           |   |   |   |  |
| <b>CHOOSE TWO:</b>           | Variety of Cereal Bars • Whole Grain Pop Tart • Whole Grain Fruit Muffin • Cold Cereal Bowl • Zee Zee Whole Grain Bar |   |   |   |  |
| <b>MUST TAKE ONE:</b>        | 100% Fruit Juice, Fruit Cup or Fresh Fruit • Milk Choice of: 1% White or Fat Free White                               |   |   |   |  |

|                                       | MON. 6th | TUES. 7th   | WED. 8th   | THURS. 9th   | FRI. 10th   |
|---------------------------------------|----------|---|--|--|---|
| <b>HANNIBAL HS LUNCH OPENING WEEK</b> |          | <b>CHOOSE ONE:</b><br>Cheese, Pepperoni or Garlic<br>Sheet Pizza,<br>Meatball Sub<br>Assorted Sandwiches & Wraps<br><b>CHOOSE ONE OR MORE:</b><br>Corn, Capri Blend<br>Assorted Fruit Cup, Milk | <b>CHOOSE ONE:</b><br>Burger Bar: Hamburger on Bun<br>Topping Choice: American/Pepper<br>Jack/Swiss Cheese, Mushrooms,<br>Bacon, Onions, Tomatoes,<br>Lettuce, Pickles<br>Assorted Sandwiches & Wraps<br><b>CHOOSE ONE OR MORE:</b><br>Oven Baked Fries,<br>Baked Beans,<br>Assorted Fruit Cup, Milk | <b>CHOOSE ONE:</b><br>Toasted Cheese or<br>Italian Toasted Cheese<br>Meatball Sub<br>Assorted Sandwiches & Wraps<br><b>CHOOSE ONE OR MORE:</b><br>Tomato or Chicken Noodle Soup,<br>Roasted Broccoli,<br>Mixed Vegetables,<br>Assorted Fruit Cup, Milk | <b>CHOOSE ONE:</b><br>Chicken Tenders w/Corn Muffin<br>Meatball Sub<br>Assorted Sandwiches & Wraps<br><b>CHOOSE ONE OR MORE:</b><br>Waffle Fries, Sliced Carrots,<br>Assorted Fruit Cup, Milk |

\*Menu subject to change • This institution is an equal opportunity provider.

Hannibal Schools operates under the Community Eligibility Program. All children are eligible to receive one FREE complete lunch and breakfast meal per day.

For full lunch menus, please visit our website at: [HannibalCSD.org](http://HannibalCSD.org).



**HANNIBAL**  
CENTRAL SCHOOL DISTRICT

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[www.hannibalcsd.org](http://www.hannibalcsd.org)

Hannibal Central School  
928 Cayuga Street  
Hannibal, NY 13074

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or  
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*Our students come first! We are dedicated to maximizing the potential of each individual student. Our educational programs and experiences are purposefully designed to position our students for success. With the support of parents, faculty, staff, administration, community members and the Board of Education, each student will become a confident, responsible and proud graduate of the Hannibal Central School District.*

## ***Hannibal Schools Participate in Breakfast After The Bell Program***

We all know that breakfast is the most important part of the day. We want to encourage our students to make sure they have a nutritious breakfast to start their day off on the right foot, even when they are a few minutes late to school in the morning.

### ***FAIRLEY***

The elementary school will offer a "grab and go" breakfast option until 9:30 a.m. Students will pick up breakfast when they arrive at school and are on their way to class. Students will eat at their desks, and typically consume the meal within 10 to 15 minutes.

### ***DMK***

The middle school will offer a "grab and go" breakfast option until 8:20 a.m. Students will pick up breakfast after they arrive at school, sign-in and are on their way to class. Students will eat at their desks or on the way to class.

### ***HIGH SCHOOL***

The high school will offer a full breakfast after the bell via the vending machine located outside the attendance office once they sign-in for the day. Students will enter their date of birth and PIN number at the vending machine to get a full breakfast. Students will be able to eat at their desks or on the way to class.

### ***REMINDER:***

For the 2021-2022 year, all students who attend HCSD will receive a free breakfast and lunch!



**HANNIBAL**  
CENTRAL SCHOOL DISTRICT

# **WE'RE HIRING!**

Apply today for a full-time **BUS DRIVER** position.  
Excellent health, dental and retirement benefits!

***We are continuously looking for substitutes in the following areas:***

Certified Teacher (\$125/day)  
Uncertified Teacher (\$105/day)  
Nurse (\$125/day)  
Teaching Assistant (\$14/hour)  
Bus Aide (\$12.50/hour)  
Clerical (\$12.50/hour)  
Custodian (\$12.50/hour)  
Food Service Worker (\$12.50/hour)  
School Monitor (\$12.50/hour)

*Join our team and check out all the latest job openings at  
[hannibalcsd.org/employment](http://hannibalcsd.org/employment).*