



HANNIBAL

CENTRAL SCHOOL DISTRICT

CEP CONTINUES AT ALL 3 BUILDINGS FOR 2024-25

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 2024-2025 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. In addition, 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. 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.

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

Christopher A. Staats
Superintendent of Schools

MAKE A DIFFERENCE IN A CHILD'S LIFE AS A MEMBER OF OUR HCSD TEAM!

FULL-TIME POSITIONS WITH EXCELLENT BENEFITS ARE AVAILABLE:

Aide/Monitors (Hall, Study Hall, Lunch)

Bus Aide: (6:30-9 a.m. and 2:15-4:30 or 5:45 p.m.)

Bus Drivers

Teaching Assistants



THE DISTRICT IS CONTINUOUSLY LOOKING FOR SUBSTITUTES IN THE FOLLOWING AREAS:

- | | |
|--|---|
| Aide/Monitor (\$16 per hour) | Uncertified Tutor with at least 100 college credit hours (\$35 per hour) (College students on a break!) |
| Bus Aides (\$16 per hour) | Cleaner (\$16 per hour) |
| Bus Driver (\$28.50 per hour) | Driver in Training (\$19 per hour) |
| Certified Teacher (\$165 per day) | Food Service (\$16 per hour) |
| Uncertified Teacher (\$130 per day) (College students on a break!) | Nurse — RN (\$25 per hour) |
| Certified Tutors (\$45.46 per hour) | Nurse — LPN (\$20 per hour) |
| Uncertified Tutor with at least 60 college credit hours (\$25 per hour) (College students on a break!) | Teaching Assistant (\$17.50 per hour) |

VISIT WWW.HANNIBALCSD.ORG/EMPLOYMENT OR WWW.OLASJOBS.ORG TO APPLY.

2024-2025 COMMUNITY ELIGIBILITY PROVISION (CEP)

2024-2025 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"/>
			<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. Then skip to Part 4.

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 Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	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 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 WRITE BELOW THIS LINE – 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 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.

- Print the names of the children, including foster children, for whom you are applying on one form.
- List their grade and school.
- 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.

- 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.
- 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.

- 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.
- 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.

FOR FULL LUNCH MENUS, PLEASE VISIT OUR WEBSITE AT: HANNIBALCSD.ORG.



WHAT'S ON THE MENU?



AVAILABLE DAILY AT ALL SCHOOLS

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

FAIRLEY ES BREAKFAST OPENING WEEK	MON. 2ND	TUES. 34D	WED. 4TH	THURS. 5TH	FRI. 6TH
			Benefit Breakfast Bar Flavored Applesauce Cup Fruit Juice • Milk	Cinnamon Mini Bagel Mixed Fruit Cup Fruit Juice • Milk	Cereal Breakfast Breaks Milk

FAIRLEY ES LUNCH OPENING WEEK	MON. 2ND	TUES. 34D	WED. 4TH	THURS. 5TH	FRI. 6TH
			CHOOSE ONE: Popcorn Chicken with Corn Bread Tuna Salad Sandwich • PBJ CHOOSE ONE OR MORE: Tater Tot • Steamed Broccoli Assorted Fruit Cup Fruit Juice • Milk	CHOOSE ONE: Cheese or Pepperoni Sheet Pizza Tuna Salad Sandwich • PBJ CHOOSE ONE OR MORE: Capri Blend Veggie • Corn Assorted Fruit Cup Fruit Juice • Milk	CHOOSE ONE: Chicken & Pasta Alfredo with Texas Toast Tuna Salad Sandwich • PBJ CHOOSE ONE OR MORE: Sliced Carrots • Green Beans Assorted Fruit Cup Fruit Juice • Milk

KENNEY MS BREAKFAST	MON.	TUES.	WED.	THURS.	FRI.
DAILY SPECIAL: Egg & Cheese Croissant	DAILY SPECIAL: Warm Breakfast Buns & Rolls	DAILY SPECIAL: Mini French Toast, Pancakes or Waffles	DAILY SPECIAL: Bacon Egg & Cheese Breakfast Pizza	DAILY SPECIAL: Whole Grain Bagel w/Cream Cheese or Strawberry Cream Cheese Mini Bagels	
CHOOSE ONE:	Banana Chocolate Chip Benefit Bar • Oatmeal Chocolate Chip Benefit Bar • Apple Benefit Bar • Sliced Whole Grain Breakfast Breads				
CHOOSE TWO:	Variety of Cereal Bars • Whole Grain Pop Tart • Gold Fish Grahams • Whole Grain Fruit Muffin • Zee Zee Whole Grain Bar				
MUST TAKE ONE:	100% Fruit Juice, Fruit Cup or Fresh Fruit • Milk Choice of: 1% White or Fat Free White				

KENNEY MS LUNCH OPENING WEEK	MON. 2ND	TUES. 34D	WED. 4TH	THURS. 5TH	FRI. 6TH
			CHOOSE ONE: Popcorn Chicken with Corn Muffin Assorted Sandwiches & Wraps CHOOSE ONE OR MORE: Tater Tot • Steamed Broccoli Assorted Fruit Cup • Milk	CHOOSE ONE: Cheese or Pepperoni Sheet Pizza Sandwiches & Wraps CHOOSE ONE OR MORE: Capri Blend Veggie • Corn Assorted Fruit Cup • Milk	CHOOSE ONE: Chicken & Pasta Alfredo with Texas Toast Assorted Sandwiches & Wraps CHOOSE ONE OR MORE: Sliced Carrots • Green Beans Assorted Fruit Cup • Milk
AVAILABLE DAILY	Turkey & Cheese Sandwich • Ham & Cheese Sandwich • Turkey Wrap • Ham Wrap • PBJ Uncrustable				

HANNIBAL HS BREAKFAST	MON.	TUES.	WED.	THURS.	FRI.
DAILY SPECIAL: Egg & Cheese Croissant or Sausage & Cheese Breakfast Sandwich	DAILY SPECIAL: Whole Grain Breakfast Buns & Rolls	DAILY SPECIAL: Mini French Toast, Pancakes or Waffles	DAILY SPECIAL: Breakfast Pizza	DAILY SPECIAL: Whole Grain Breakfast Pastries	
CHOOSE ONE:	Assorted Variety of Benefit Bars • Whole Grain Breakfast Donut • Whole Grain Sliced Breakfast Breads • Warm Bagels w/Cream Cheese • Fruit & Yogurt Parfait				
CHOOSE TWO:	Variety of Cereal Bars • Whole Grain Pop Tart • Whole Grain Fruit Muffin • Zee Zee Whole Grain Bar				
MUST TAKE ONE:	100% Fruit Juice, Fruit Cup or Fresh Fruit • Milk Choice of: 1% White or Fat Free White				

HANNIBAL HS LUNCH OPENING WEEK	MON. 4TH	TUES. 5TH	WED. 6TH	THURS. 7TH	FRI. 8TH
			CHOOSE ONE: Popcorn Chicken with Corn Bread Chicken Parmesan Meatball Sub Assorted Sandwiches & Wraps CHOOSE ONE OR MORE: Tater Tot • Steamed Broccoli Assorted Fruit Cup • Milk	CHOOSE ONE: Cheese or Pepperoni Sheet Pizza Chicken Parmesan Meatball Sub Assorted Sandwiches & Wraps CHOOSE ONE OR MORE: Capri Blend Veggie • Corn Assorted Fruit Cup • Milk	CHOOSE ONE: Chicken & Pasta Alfredo with Garlic Knot Chicken Parmesan Meatball Sub Assorted Sandwiches & Wraps CHOOSE ONE OR MORE: Sliced Carrots • Green Beans Assorted Fruit Cup • Milk
AVAILABLE DAILY	Turkey Sandwich • Ham Sandwich • Turkey Wrap • Ham Wrap • PBJ Uncrustable Sandwich • Fruit & Yogurt Parfaits				

*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.



Hannibal Central School
928 Cayuga Street
Hannibal, NY 13074

NON PROFIT
U.S. POSTAGE PAID
PERMIT NO. 3
HANNIBAL, NY 13074

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WWW.HANNIBALCSD.ORG

**District Resident
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.

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 ELEMENTARY SCHOOL

The elementary school will offer a “grab and go” breakfast option until 10:00 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.

KENNEY MIDDLE SCHOOL

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 be allowed to eat at their desks or on the way to class.

HIGH SCHOOL

The high school will offer a “grab and go” breakfast option until 9:30 a.m. Students will be able to pick up a breakfast after they arrive at school, sign-in and on their way to the class or they may pick up a breakfast during passing time of 1st and 2nd block. Students will be allowed to eat at their desks or on the way to class.

USDA NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P%20Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.