

Community Eligibility Option and the Title I Program

Florida Department of Education
Bureau of Federal Educational
Programs

Community Eligibility Option (CEO) and Title I

Overview

- United States Department of Education Guidance
- CEO and other programs
- What to consider when participating in CEO
 - Alternative Household Income Form
- Data Collection and Reporting
- Questions and Answers

What does United States Department of Education say about CEO and Title I?

- The United States Department of Education issued guidance related to Title I and CEO participating schools.
 - “When annually determining eligibility of a Community Eligibility Option school to receive Title I funds, and its Title I allocation, an LEA must **assume that the percentage of economically disadvantaged students in the school is proportionate to the percentage of meals** for which that CEO school is reimbursed for free meals by the USDA...
 - Letter from USED
www2.ed.gov/programs/titleiparta/hhfkidsact2012.pdf

CEO Participation and Other Programs

- Participation in CEO impacts other areas of your district and schools
- Make your boards and administration aware of the impact CEO on Title I and other programs and prepare for impacts
- Prohibition of collection of household income forms (Free and Reduced Price Lunch Applications)

What should the LEA take into consideration prior to participating in CEO?

- Economically disadvantaged assumptions
- Collection household income forms
- Collaboration between Food Services and Federal Programs
- Identifying Staff
- Title I, Part A Allocations
 - Federal to State Education Agency (no change)
 - District to School (may change)

Alternative Income Survey Form (SAMPLE)

PART 1. ALL HOUSEHOLD MEMBERS

Names of all people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of welfare agency or court) If all children listed below are foster children, skip to Part 5 to sign this form.	Check if 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"/>

PART 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP or KAP, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, GO TO PART 3.

NAME:

CASE NUMBER:

PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS

IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL [your district Coordinator]

HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS)

List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE. If you provided a case number in Part 2, you do not need to provide income information.

1. NAME

(List only household members with income)

2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED

Name	Earnings from work before deductions.	Frequency				Welfare, child support, alimony	Frequency				Pensions, retirement, Social Security, SSI, VA benefits	Frequency				All Other Income (indicate frequency, such as "weekly", "every 2 weeks", "monthly")
		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly	
(Example) Jane Smith	\$200					\$150					\$0					\$50 / monthly
	\$					\$					\$					\$ /
	\$					\$					\$					\$ /
	\$					\$					\$					\$ /
	\$					\$					\$					\$ /
	\$					\$					\$					\$ /

PART 5. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

An adult household member must sign the form.

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here:

Address:

Phone Number:

Print name:

City:

Zip Code:

Cell Phone Number:

Date:

State:

Household Income Form-Used to gather individual income information for use in other programs

2013-14 CEO Data Collection and Reporting

- Continue to collect individual student household data for reporting purposes
- New reporting codes for CEO participating schools
 - C = The Student is enrolled in a CEO school and is identified as eligible for free meals based upon Direct Certification determination OR the extension of eligibility to the household due to identification of a direct certified student
 - N = The student is enrolled in a CEO school and is NOT identified as eligible for free meals based on the Direct Certification determination OR the extension of eligibility to the household due to the identification of a direct certified student

Questions and Answers?



Contact Information

If you have additional questions, Contact the Bureau of Federal Educational Programs at 850-245-9939 or contact your Title I, Part A Program Specialist directly.

