



Office of Opportunity Programs

May 2018

Dear Parent/Guardian:

Congratulations on the acceptance of your child/guardian to the Educational Opportunity Program (EOP)/Access to College Excellence (ACE) at SUNY Oneonta. EOP/ACE will provide your child with leadership, guidance, support, and encouragement that will promote his/her individual development as well as make his or her stay at Oneonta a meaningful and enjoyable experience.

Your child will have the unique opportunity to participate in the 2018 Summer Academy. The program consists of academic preparation necessary for the demands of college studies. In order for your child to be successful here, academics must be his or her first priority, so participation in this program is mandatory. Should your child fail to complete Summer Academy, it will result in his/her loss of opportunity to enroll as a student at SUNY Oneonta for the Fall 2018 semester. **Since cell phones are a debilitating distraction to student focus, use will be restricted to the residence hall only.**

The program will begin on Sunday, July 8, and continue until Friday, July 27, 2018. Students must check into Wilber Hall by 2:00 p.m. on July 8. The student and his or her family will be responsible for transportation to and from Summer Academy. Both Trailways and Greyhound buses travel to and from Oneonta. Enclosed please find a campus map and directions to the college.

SUNY Oneonta will cover the costs of room, board, and all materials for participation in courses and activities. This will not affect the financial aid package for the academic year. Please limit the spending cash your student brings for the summer program. No more than \$50-100 is recommended; however, be assured that no cash is required.

Also enclosed is a Medical Consent form, Permission and Release form, and the Food Service Program Income Eligibility Document(s). These forms must be completed and returned to EOP/ACE right away. It is necessary for these to be on file for your child to participate in the program.

Following is an abbreviated list of the rules and regulations. If any rules are violated, parents will be contacted immediately and the student will be required to leave.

- Limited cell phone use will be strictly enforced.
- Students are not permitted to visit the lodging rooms of students of the opposite sex.
- Possession, or being in the presence, of alcoholic beverages is prohibited.
- Illegal drugs and drug paraphernalia is prohibited.
- Illegal, disruptive, disorderly behavior or excessive noise is prohibited.
- Weapons: possession or keeping of a deadly instrument on campus or use of any object with intent to harm another is prohibited.
- Candles, any open flame devices, or fuel of any type is prohibited.
- Adherence to the policies outlined in the SUNY Oneonta Code of Student Conduct (www.oneonta.edu/development/judicial/)

If you have any questions, please contact a department Counselor at 1-800-SUNY123 or (607) 436-2496.

Sincerely,

Lynda D. Bassette-Farone
Director of Opportunity Programs (EOP/ACE)

Enclosures

Medical Consent

2018 EOP/ACE Summer Academy

SUNY Oneonta

Pre-freshmen cannot stay on campus without this signed form

I, _____, am the _____ (father, mother or legal guardian) of _____, who will attend the SUNY Oneonta EOP/ACE Summer Academy. Please be advised that my child has a pre-existing health condition and requires the following care/medication: **(please explain the condition and care/medication necessary)** _____

I hereby give my consent, in the event that all reasonable attempts to contact me at _____ (telephone number[s]) have been unsuccessful, for the administration of any treatment deemed necessary by the SUNY Oneonta Health Center or A.O. Fox Memorial Hospital, or in the event that said staff is not available, by another licensed physician or dentist and for the transfer of my child to any hospital reasonably accessible if necessary.

I hereby authorize the medical staff at SUNY Oneonta or A.O. Fox Memorial Hospital to exercise for me and on my behalf, all my rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment by the Student Health Service and A.O. Fox Memorial Hospital or staff surgeon, physician or radiologist which they may deem necessary for emergency care of my son/daughter/legal guardian.

Intending to be legally bound hereby, I execute this consent:

Signature of Parent/Guardian

Date

STUDENT INJURY & SICKNESS INSURANCE IS NOW MANDATORY. There are two (2) options: 1) complete the information below, **OR** 2) a fee of \$2,119 will be included as part of your student's college bill and will be applicable to their financial aid eligibility.

.....
The above named student is covered by insurance:

Name of Insurance Company: _____

Address: _____

Phone Number: _____

Type of Coverage (e.g. major medical, hospitalization, etc.): _____

Policy or Account Number: _____

Permission and Release

2018 EOP/ACE Summer Academy

SUNY Oneonta

Pre-freshmen cannot stay on campus without this signed form

I, the parent or guardian of _____, give permission for my child/guardian to attend and participate in the 2018 EOP/ACE Summer Academy at SUNY Oneonta, including permission to go on supervised field trips sponsored by EOP/ACE. I give permission for my child to ride in a car or school van driven by a member of the staff or chartered bus driven by hired, professional drivers. I further give permission for my child to reside on the SUNY Oneonta campus in a Residential Hall during the Summer Academy from July 8-27, 2018.

I agree that I will be responsible for any costs of any property damage incurred by my child at any time during the program.

I understand that my child must attend every required class session (unless ill) and is bound by the rules and regulations in place at SUNY Oneonta as well as the rules established by the EOP/ACE Summer Academy. I understand that if my child fails to comply with the rules, he/she will be expelled from the program. **I will be available during the entire Summer Academy should my child need transportation from Oneonta to his/her place of residence.**

I hereby release SUNY Oneonta and the 2018 EOP/ACE Summer Academy, their agents and employees, from all actions, damages or claims which I, my heirs, executors, administrators, or assigns may have against SUNY Oneonta or the 2018 EOP/ACE Summer Academy for all personal injuries, known or unknown, which my child has or may incur by participating in the program and the activities and field trips described above.

I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Intending to be legally bound hereby, I execute this release:

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

Address: _____

Telephone: Day _____ Evening _____

INSTRUCTIONS
for
Summer Food Service Program
Income Eligibility

- Please complete the attached form.
- Use only the instructions that apply to your household to complete the attached form. You will choose Option 1, or 2, or 3, or 4.
- If you need help, you may contact the EOP/ACE Director at (607) 436-2407.

**Option
1**

If your household gets SNAP (Food Stamps), TANF or FDPIR, follow these instructions:

- Part 1:** List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is NOT required.
Part 5: Answer this question if you choose to.

**Option
2**

If your household includes a FOSTER CHILD, follow these instructions (Use one application for the whole household):

- Part 1:** Enter the student's name.
Part 2: Enter the foster child's name.
Part 3: Complete this part if you are applying for other than the foster child in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.
Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
Part 5: Answer this question if you choose to.

**Option
3**

If your student receives free or reduced school lunch, follow these instructions:

- Attach a copy of your child's 2016-17 or 2017-18 *Free and Reduced Price School Meals/Milk* certification (you do not need to fill in the attached form because you are already certified by New York State).
- Part 1:** List participant's name.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is NOT required.
Part 5: Answer this question if you choose to.

**Option
4**

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each participant's name.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.
In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
In Box 2, list the amount each person got last month from welfare, child support, alimony.
In Box 3, list Social Security, pensions and retirement.
In Box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column C—Check if no income: If the person does not have any income, check the box.
Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 5: Answer this question if you choose to.

Part 1. Student(s) enrolled in EOP/ACE:	
Names (First, Middle Initial, Last)	CASE # for SNAP (Food Stamps), TANF or FDPIR (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child Name _____
 Foster children are eligible for free and reduced-price meals regardless of household income. Complete Part 3 if you are applying for other than the foster child in your household and you did not enter a SNAP (Food Stamps), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
8.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
9.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
10.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
 I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: ____ __ __ __ I do not have a Social Security Number

Part 5. Student's ethnic and racial identities

Mark one ethnic identity (optional):	Mark one or more racial identities (optional):	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Don't fill out this part. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Year
 Household size: _____
 Categorical Eligibility: ____ Date Withdrawn: ____ Eligibility: Free ____ Reduced ____ Denied ____
 Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement

The Richard B. Russell National School Lunch 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 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 SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier 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 is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination 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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. 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, 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

This institution is an equal opportunity provider.