

MOSAIC CAFÉ ROLLOVER

Please complete this questionnaire and email to mis@btbooces.org

Person's Name filling out this form _____

District _____

What is your first day students will start the new school year _____

Requested Rollover Date _____

1. Are you a CEP District?
 - a. Yes
 - b. No

2. What would you like to do with current Homerooms?
 - a. Remove Homerooms and have your District Enrollment assign new ones
 - b. Keep Homerooms

3. What would you like to do with your current balances?
 - a. Carry over ALL balances to the Next Year Including negatives. Even if they don't have any money on their accounts.
 - b. Clear out Negative balances only
 - c. Clear out ALL balances (Negative and Positive)

4. Would you like to clear your serving line notes?
 - a. Yes
 - b. No

5. What would you like to do with Pictures?
 - a. Remove Pictures
 - b. Keep Pictures

6. What is your Eligibility Cutoff Date?
 - a. _____ Please fill this out even if you are a CEP district. (All students currently have eligibility benefits from the previous year will be set to temporary. The date you provide will be the last date through which the temporary benefits are good. After this date, Students who have not submitted a new application will have their eligibilities expired and their status will be paid)

7. Do you want your income eligibility forms carried over to the new year?
 - a. Yes
 - b. No