

Free Milk Family Application Forms School Year 2008-2009

The Free Milk Family Application prototype and related materials for School Year 2008-09 are attached. For detailed instructions on the eligibility determination process, please read the attached document *Critical Information for the Free Milk Family Application* and refer to the *Eligibility Guidance for School Meals Manual* available at:

http://www.fns.usda.gov/cnd/Guidance/eligibility_guidance.pdf.

This packet contains:

Required materials that must be provided to households:

- Letter to Parents (2 pages printed front and back)
- Free Milk Family Application (2 pages printed front and back)
- Approval-Disapproval Letter to Households (1 page)

Optional application-related materials that may be provided to households:

- Sharing Information with Other Programs (1 page)
- Required Steps to Complete a Free and Reduced Price School Meals Family Application or Free Milk Family Application

Other materials:

- Sample Public Release for Free Milk (2 pages)
- Income Eligibility Guidelines for Use in Schools (1 page)
- Critical Information for the Free Milk Family Application

The pages are designed to be printed on 8½" by 11" paper.

Questions regarding this packet may be directed to the School Nutrition Training and Programs Office at 517-373-3347.

Critical Information for the Free Milk Family Application

Special Milk Program

- The Special Milk Program and Free Milk Family Application materials can only be provided to students who do not have access to the School Breakfast Program (SBP) or National School Lunch Program (NSLP) (i.e., ½ day afternoon kindergarten). School food authorities may not claim the Special Milk Program for students who purchase/receive only milk when the SBP or NSLP is available.
- The *Free Milk Family Application* cannot be completed and signed before July 1 of the current school year. Annually, Income Eligibility Guidelines (IEGs) are effective from July 1 to June 30.
- **New** programs must submit a copy of the *Free Milk Family Application* and *Letter to Parents* as they will be used with appropriate district/school information to the Michigan Department of Education (MDE) for approval.
- **Renewing** programs that make changes to the *Free Milk Family Application* and *Letter to Parents* prototypes, or use a different application format (e.g., scanable), must submit a copy to MDE for approval every year.
- At the beginning of each school year, a public media release containing the same information supplied in the *Letter to Parents* and including both the free and reduced price eligibility criteria, shall be provided to the informational media, the local unemployment office, and to any major employers contemplating large layoffs in the area from which the school draws its attendance. Copies of the public media release must be made available upon request to any interested persons. The public media release should be kept on file for three years, plus the current.

Family Application Approval Process Information

- Refer to the *Eligibility Guidance for School Meals Manual* when approving free and reduced price school meals. It can be found at:
http://www.fns.usda.gov/cnd/Guidance/eligibility_guidance.pdf.
- Local Educational Agencies (LEA) are responsible for assuring that the certification process meets all regulatory requirements and policies for application processing and approval. If software is used to perform all or part of the certification process, the LEA must assure the software used is performing correctly and is meeting all requirements. Please refer to Scanned Income Applications: Memo SP 04-2007. It can be found at:
http://www.fns.usda.gov/cnd/Governance/Policy-Memos/2007/SP_04-2007.pdf.

- Prior school year applications may be used for the first 30 operating days of the current school year. Any prior school year applications used beyond the 30th day of operation is not valid for free and reduced meal benefits. Continued use of a previous year's application will result in fiscal action.
- Eligibility determinations are valid for the entire school year.
- Electronic Benefit Transfer (EBT) Bridge Cards are now used throughout the state of Michigan to replace food stamp coupons. The EBT Bridge Card Number is a 16-digit numerical number, for example: 1234 2345 3456 4567, while the Food Stamp Case Number is an alpha/numerical number, beginning with and ending with an alpha character, for example: V9999999A. The United States Department of Agriculture (USDA) has determined that the number on **a household's EBT Bridge Card cannot be accepted as a Food Stamp Case Number on applications for meal benefits.** As you receive and review applications for meal benefits, be sure that households providing a Food Stamp Case Number in PART 3 of the application are providing a Food Stamp Case Number and not an EBT Bridge Card Number. Please refer to Food Service Administrative Policy #4, SY 2000-2001: Use of Electronic Benefit Transfer Card Numbers on Applications for Meal Benefits.
- Each child must have their Food Stamp, FIP, or FDPIR number listed. (Do not assume all children in the same family share the same number.)
- If a household has only one income source, or if all sources are the same frequency (e.g., all weekly), do not use conversion factors. Compare the income or the sum of the incomes to the published Income Eligibility Guidelines (IEG) for the appropriate frequency and household size to make the eligibility determination.
- If a household reports income sources at more than one frequency, the correct method is to annualize all income. **Annual Income Conversion: weekly x 52; every 2 weeks x 26; twice a month x 24; monthly x 12.**
- Do not round the values resulting from each conversion. Sum all the unrounded converted values and compare the unrounded total to the published IEG for annual income for the appropriate household size.
- Homeless, migrant, and runaway youth are categorically eligible for free milk.
- Please refer to Categorical Eligibility for Free Lunches and Breakfasts of Runaway, Homeless, and Migrant Youth: Reauthorization 2004 Implementation Memo SP4. It can be found at:
http://www.fns.usda.gov/cnd/Governance/Reauthorization_Policy_04/Reauthorization_04/2004-07-19.pdf.
- As stated in the *Eligibility Guidance for School Meals Manual* (January 2008), Part 5-Categorical Eligibility, a child from a household currently certified to receive benefits through the Food Distribution Program on Indian Reservations (FDPIR) is categorically eligible for free benefits in the National School Lunch Program (NSLP).
- When a household submits a complete application that contains: 1) the name of the child, 2) a current FDPIR case number or identifier with Program affiliation, e.g. "Sault Ste. Marie Commodity Program," and 3) an adult signature, the determining official must approve the child for free milk, as applicable. For further information please refer to:
<http://www.fns.usda.gov/fdd/programs/fdpir/>.

- A household application can also be filed and retrieved by a number system using a computer database or spread sheet cross-reference system. A cross-reference system might use an application number given to each household family application. A child in the household would have their application number listed with their information on the building rosters. The system used must clearly identify the location of the family application for any child listed on that application. All applications for the students in a particular building must be easily retrievable.
- Every month sponsors should print and retain a roster of students eligible for free milk. This record serves as a basis for the claim for reimbursement and for audit and review purposes. It must be kept three years after the date of the final claim for reimbursement for the fiscal year to which it pertains or as long as there are unresolved audit findings related to the record.

Sharing Information with Other Programs

- School food authorities may disclose, without parent/guardian consent, participants' names and eligibility status (whether they are eligible free milk) to persons directly connected with the administration or enforcement of federal education or state education programs such as Title I, MEAP, and No Child Left Behind.
- The attachment *Sharing Information with Other Programs* must be used when a school/district plans to use information on free and reduced applications for purposes other than evaluating eligibility for school meals or for programs authorized by the National School Lunch Act (42 USC 1758 (b)(2)(C)(iii)). A signature from the parent or legal guardian must be on file before the school/district can release any information. Please refer to Food Service Administrative Policy #4, SY 98-99: Parental Consent to Release Information for Free and Reduced Price School Meal Eligibility and refer to the *Eligibility Guidance for School Meals Manual* Part 7-Confidentiality/Disclosure of Eligibility Information.

Notification of Eligibility Determination

- E-mail may be used as a method to notify households of their eligibility status. However, it is optional for households to provide an e-mail address and an application cannot be denied if the household does not provide e-mail address. Also, if a household doesn't provide an e-mail address or the e-mail address provided doesn't work, notification of approval/disapproval must be made in writing to the household. Confidentiality/Disclosure of Eligibility Information regulations apply to e-mail of information on household applications.

Dear Parent/Guardian:

Children need milk to learn. _____ School(s) offers healthy milk every school day. Students may buy milk for \$_____. Your children may qualify for free milk.

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free milk. Use one Free Milk Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:

(Name, address, and phone number)
2. **Who can get free milk?** Children in households getting Food Stamps, FIP, or FDPIR and most foster children can get free milk regardless of your income. Also, your children can get free milk if your household income is within the free limits on the Federal Income Guidelines.
3. **Can homeless, runaway, and migrant children get free milk?** Please call _____, homeless liaison or migrant coordinator, to see if your child(ren) qualify for free milk.
4. **Should I fill out an application if I got a letter this school year saying my children are approved for free milk?** Please read the letter you got carefully and follow the instructions. Call the school at _____ if you have questions.
(Phone number)
5. **I get WIC. Can my child(ren) get free milk?** Children in households participating in WIC may be eligible for free milk. Please fill out an application.
6. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free milk.
7. **What if I disagree with the school's decision about my application?**
You should talk to school officials. You also may ask for a hearing by calling or writing to: _____
(Name, address, and phone number)
8. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free milk.
9. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children who live with you.
10. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
11. **We are in the military: do we include our housing allowance as income?** If your housing is part of Military Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
12. **What if my child does not have health insurance?**
Your children may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To Apply On-line, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.

Sincerely,

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$13,520	\$1,127	\$564	\$520	\$260
2	\$18,200	\$1,517	\$759	\$700	\$350
3	\$22,880	\$1,907	\$954	\$880	\$440
4	\$27,560	\$2,297	\$1,149	\$1,060	\$530
5	\$32,240	\$2,687	\$1,344	\$1,240	\$620
6	\$36,920	\$3,077	\$1,539	\$1,420	\$710
7	\$41,600	\$3,467	\$1,734	\$1,600	\$800
8	\$46,280	\$3,857	\$1,929	\$1,780	\$890
*For each additional household member add:	*\$4,680	*\$390	*\$195	*\$180	*\$90

Application Instructions:

Your children may qualify for free milk if your household income falls within the limits on this chart.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Check the box and list the child's personal use monthly income, if any.

Part 2: Skip this part.

Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.

Part 4: Skip this part.

Part 5: Sign and date the form. A social security number is not necessary.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

If you are applying for a homeless, migrant, or runaway child check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If your entire household receives Food Stamps, FIP, or FDPIR, follow these instructions:

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: If the student is new to the district/school check "Yes." List student(s) name, school, grade, check "Yes," and list a case number.

Part 4: Skip this part.

Part 5: Sign and date the form. A social security number is not necessary.

Part 7: Answer this question if you choose to.

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

Part 1: Skip this part.

Part 2: Check the appropriate box, if any.

Part 3: If the student is new to the district/school check "Yes." List each student(s) name, school, and grade.

Part 4: Follow these instructions to report total household income from last month.

Column 1- Name:

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2- Gross Income:

- Next to each person's first and last name list each type of income received last month. Next to the amount circle how often the person got it (weekly, every other week, twice a month, or monthly).
 - Earning from work:* 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.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes 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, and ANY OTHER INCOME.
 - If the person does not have any income, circle "NO" in the last column "Circle if NO income."

Part 5: An adult household member must sign and date the form, and list a **social security number** or check the box "I do not have a social security number."

Part 6: Skip this part.

Part 7: Answer this question if you choose to.

Free Milk Family Application

Use a separate application for each foster child.

Part 1 - Foster Child YES Child's spending money per month \$ _____ If none available, list \$0.
Only the foster child's spending money is counted as income on a foster child application.

Part 2 - Homeless **Migrant** **Runaway**
 If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the:
 District/School Homeless Liaison or Migrant Coordinator at _____.

Part 3 - The names of all children in the household in school or the name of ONE Foster Child in school

New Student	Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR? If "YES," you must list a case number.
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____

If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

Part 4- Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.

Name - List everyone in the household including students listed in Part 3	Earnings from work (Before taxes)				Welfare, child support, alimony				Pensions, retirement, Social Security				All other income				Circle if NO income
	Weekly	Twice a Month	Every 2 weeks	Monthly	Weekly	Twice a Month	Every 2 weeks	Monthly	Weekly	Twice a Month	Every 2 weeks	Monthly	Weekly	Twice a Month	Every 2 weeks	Monthly	
<i>Example Jane Doe</i>	\$100	Weekly			\$500		Monthly										NO
1	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	NO
2	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	NO
3	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	NO
4	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	NO
5	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	NO
6	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	NO
7	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	\$	Weekly	Twice a Month	Monthly	NO

Part 5 - Signature and Social Security Number (Adult household member must sign.)
 If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get 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 may lose meal benefits, and I may be prosecuted.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Adult Social Security Number: _____ I do not have a Social Security Number

Address	City	Zip Code	County
Home Phone	Work Phone	Email(optional)	

By providing your email address you may be notified via email of your eligibility for free milk.

Part 6 - Foster Children In most cases foster children are eligible for free meals regardless of your household income
 Foster Home License Number: _____(optional)
 A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.
 B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (Optional)
 Check one or more racial identities: Check one ethnic identity:
 American Indian or Alaskan Native Asian Hispanic or Latino
 Black or African American White Neither Hispanic nor Latino
 Native Hawaiian or Other Pacific Islander Other

Privacy Act Information: Social Security Number
 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 milk. 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 is eligible for free milk, 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly
 In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

<i>Approval/Disapproval - This is for school use only.</i>	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Household Size: _____ Total Gross Income: \$ _____	
Week _____, Every 2 Weeks _____, Twice a Month _____, Month _____, Annual _____	
Foster Child: _____	Categorical Eligibility: _____ Eligibility: Free _____ Denied _____
Temporary Free _____ Time Period: _____ (expires after _____ days)	
Reason for Denial: _____ Income too High _____ Incomplete Application _____ Other (specify) _____	
Determining Official's Signature: _____	Date: _____ Date Withdrawn: _____

Sharing Information with Other Programs

Dear Parent/Guardian:

Your child may qualify for other programs, based on the information you gave on your Free Milk Family Application. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free milk.**

Yes! **I DO** want school officials to share information from my Free Milk Family Application with _____.

[Name of program specific to your school]

Yes! **I DO** want school officials to share information from my Free Milk Family Application with _____.

[Name of program specific to your school]

Yes! **I DO** want school officials to share information from my Free Milk Family Application with _____.

[Name of program specific to your school]

If you check Yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

No! **I DO NOT** want information from my Free Milk Family Application shared with any of these programs.

If you checked No, stop here. You do not have to complete or send in this form. Your information will not be shared.

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call _____ at _____.

Return this form to:

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

Date: _____

Dear Parent or Guardian:

Your free milk family application has been evaluated.

Name of Student	Grade	School

APPROVED

Free Milk

DISAPPROVED

Total household income exceeds published income limits.

INCOMPLETE

- Income by source is not listed. Please send corrected copy.
- Names of all household members are missing or not listed. Please send corrected copy.
- Signature of primary wage earner or adult is missing. Please send corrected copy.
- Social security number of adult who signed the application is missing.
- Other (specify): _____

You may apply at any time during the school year. If you wish to review the decision further, you have a right to a fair hearing. This may be done by calling or writing the following official:

NAME: _____

TITLE: _____

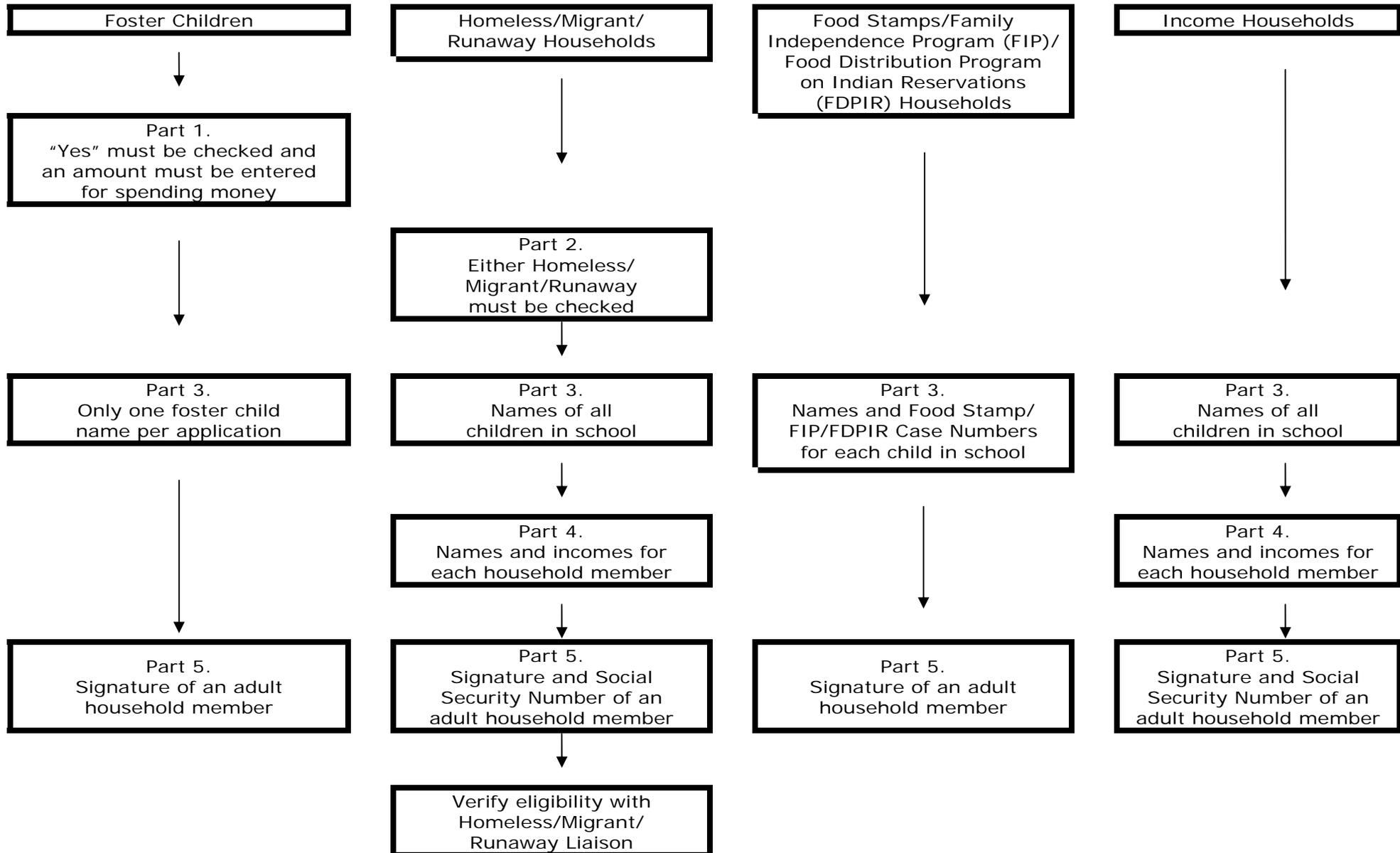
ADDRESS: _____

TELEPHONE: _____

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Sincerely,

Required Steps to Complete a Free and Reduced Price School Meals Family Application or Free Milk Family Application



Income Eligibility Guidelines for Use in Schools

(This form is for school personnel use only.)

Family income criteria to be used for the 2008-2009 school year for School Lunch, School Breakfast or Special Milk Programs.

A. Scale for Free Meals or Free Milk

B. Scale for Reduced Price Meals

Total Family Size	A. Scale for Free Meals or Free Milk			B. Scale for Reduced Price Meals						
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$13,520	\$1,127	\$564	\$520	\$260	\$19,240	\$1,604	\$802	\$740	\$370
2	\$18,200	\$1,517	\$759	\$700	\$350	\$25,900	\$2,159	\$1,080	\$997	\$499
3	\$22,880	\$1,907	\$954	\$880	\$440	\$32,560	\$2,714	\$1,357	\$1,253	\$627
4	\$27,560	\$2,297	\$1,149	\$1,060	\$530	\$39,220	\$3,269	\$1,635	\$1,509	\$755
5	\$32,240	\$2,687	\$1,344	\$1,240	\$620	\$45,880	\$3,824	\$1,912	\$1,765	\$883
6	\$36,920	\$3,077	\$1,539	\$1,420	\$710	\$52,540	\$4,379	\$2,190	\$2,021	\$1,011
7	\$41,600	\$3,467	\$1,734	\$1,600	\$800	\$59,200	\$4,934	\$2,467	\$2,277	\$1,139
8	\$46,280	\$3,857	\$1,929	\$1,780	\$890	\$65,860	\$5,489	\$2,745	\$2,534	\$1,267
	\$4,680*	\$390*	\$195*	\$180*	\$90*	\$6,660*	\$555*	\$278*	\$257*	\$129*

*For each additional household member add this amount:

All children from families at or below the income levels in Column A are eligible to receive meals, after school snack or milk at no cost**, if available (Special Milk Program). Column A is used for the National School Lunch Program and School Breakfast Program, or Special Milk Program.

In addition, Federal P.L. 94-105 makes mandatory the service of reduced price meals to those children from families within the range of incomes in Column B. These children must be provided with lunches at a price not exceeding 40 cents. If the Breakfast Program or an after school snack program is available, all children qualifying for free and reduced price lunches will also qualify for free and reduced price breakfasts and/or snack. The charge for a reduced price breakfast may not exceed 30 cents; the charge for reduced price snack may not exceed 15 cents.

Column B must therefore be used in providing reduced price meals.

**Service of free milk is optional.

INCOME TO REPORT

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned
- Business, day care business
- Or farm

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's income
- Social security

Other Monthly Income/Self-Employment

- Disability benefits
- Cash withdrawn from savings
- Interest/dividends
- Income from estate/trusts/investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Any other income

Welfare/Child Support/Alimony

- Public assistance payments
- Welfare payments
- Alimony/child support payments

Sample Public Release for Free Milk

INSTRUCTIONS: Delete references to any programs in which School Food Authority (SFA) does not participate. If the release covers more than one SFA, provide a list of the SFAs, the programs in which they participate, titles of determining officials, and the names, addresses, and telephone numbers of the hearing officials.

This is the public release that we will send to _____ on _____
(News Media & Major Employers Contemplating Layoffs) (Date)

_____ today announced its policy for free milk for children unable to pay
(Local School Food Authority)

the full price of milk served under the Special Milk Program. The following household size and income criteria will be used for determining eligibility:

Scale for Free Milk

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$13,520	\$1,127	\$564	\$520	\$260
2	\$18,200	\$1,517	\$759	\$700	\$350
3	\$22,880	\$1,907	\$954	\$880	\$440
4	\$27,560	\$2,297	\$1,149	\$1,060	\$530
5	\$32,240	\$2,687	\$1,344	\$1,240	\$620
6	\$36,920	\$3,077	\$1,539	\$1,420	\$710
7	\$41,600	\$3,467	\$1,734	\$1,600	\$800
8	\$46,280	\$3,857	\$1,929	\$1,780	\$890
	*\$4,680	*\$390	*\$195	*\$180	*\$90

*For each additional household member add this amount:

Children from households whose income is at or below the levels shown are eligible for free milk.

Application forms are being sent to all homes with a letter to parents or guardians. To apply for free milk, households should fill out the form and return it to the school. Additional copies of the application form are available at the principal's office in each school. Households should answer all questions on the form.

NON FOOD STAMP HOUSEHOLDS: An application which does not contain all of the following information cannot be processed by the school: (1) the total income by source for each household member (such as wages, child support, etc.); (2) names of all household members; (3) social security number of the adult household member who signs the application; and (4) the signature of a household member.

FOOD STAMP/FIP/FDPIR HOUSEHOLDS: If you currently receive Food Stamps, Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR) benefits for your child, you only have to list your child's name and Food Stamp or FIP/FDPIR case number and sign the application.

The information provided by the household is confidential and will be used only for the purpose of determining eligibility, verifying data, or qualifying children for other federal and state programs, as authorized by the United States Department of Agriculture. The school or other officials may verify applications at any time during the school year.

Households may apply for benefits at any time during the school year. If a household is not currently eligible, but has a decrease in household income, an increase in household size, or if a household member becomes unemployed, the household should fill out an application at that time.

In most cases, FOSTER CHILDREN are eligible for these benefits regardless of the household's income. If a household has foster children living with them, and they wish to apply for free milk for them, the household should contact the school for more information.

Under the provisions of the policy _____ will review applications
(Name, Address & Telephone Number of Hearing Official)
and determine eligibility.

Parents or guardians dissatisfied with the ruling of the official may wish to discuss the decision with the determining official on an informal basis. The household also has the right to a fair hearing. This can be done by calling or writing the following official: _____
(Name, Address and Telephone Number of Hearing Official)

Each school and the _____ have a complete policy which may be reviewed by
(Central Office)
any interested party.

REAPPLY: You may apply for meal benefits at any time during the school year. If you lose your job, if your income decreases, if your family size increases or if you begin receiving Food Stamps or FIP/FDPIR, fill out an application at that time.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer."

You will be informed of application approval or denial.