Michigan Department of Education
Office of School Support Services
School Nutrition Programs

Free School Milk
Family Application Forms
School Year 2013-2014

The Free School Milk Family Application prototype and related materials for School Year 2013-2014 are attached. For detailed instructions on the eligibility determination process, please read the attached document Critical Information for the Free School Milk Family Application and refer to the *Eligibility Manual for School Meals* available at: http://www.fns.usda.gov/cnd/guidance/EliMan.pdf.

Packet Contents

Required materials that must be provided to households:

- Letter to Parents (3 pages printed front and back)
- Free School 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)

Other materials:

- Critical Information for the Free School Milk Family Application (4 pages)
- Income Eligibility Guidelines for Use in Schools (1 page)
- Direct Certification Notification (2 pages)

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

Questions regarding this packet may be directed to the School Nutrition Programs unit at: mde-schoolnutrition@michigan.gov.

*All households must be notified of their eligibility status. Households with children who are denied benefits must be given written notification of denial. The notifications must advise the household of the reason for the denial of benefits, the right to appeal, instruction on how to appeal, and a statement that the family may re-apply for free and reduce price meal benefits at any time during the school year. Households with children who are approved for free or reduced price benefits may be notified in writing or orally.

Dear Parent/Guardian:

Children need milk to learn. [School Name] offers 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 one Free School 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 Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (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 FOSTER CHILDREN GET FREE MILK?**
   Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free milk. Any foster child in the household is eligible for free milk regardless of income.

4. **CAN HOMELESS, MIGRANT, AND RUNAWAY CHILDREN GET FREE MILK?**
   Yes, children who meet the definition of homeless, runaway, or migrant, qualify for free milk. If you have not been informed that your children will get free milk, please call [name and phone number], Homeless Liaison or Migrant Coordinator, to see if your child(ren) qualify.

5. **SHOULD I FILL OUT AN APPLICATION IF I GOT A LETTER THIS SCHOOL YEAR SAYING MY CHILD(REN) ARE APPROVED FOR FREE MILK?**
   Please read the letter you received carefully and follow any instructions provided. Call the school at [phone number] if you have questions.

6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?**
   Yes. Your child's application is only good for that school year and for the first few days of this school year. You *must* send in a new application unless the school told you that your child is eligible for the new school year.

7. **I GET WOMEN, INFANTS & CHILDREN (WIC). CAN MY CHILD(REN) GET FREE MILK?**
   Children in households participating in WIC may be eligible for free milk. An application must be filled out by WIC households.

8. **WILL THE INFORMATION I GIVE BE VERIFIED?**
   Yes, we may ask you to send written proof of any information provided on the application.

9. **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 FAP, FIP, FDPIR, or other benefits. If you lose your job, your child(ren) may be able to get free milk.

10. **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, phone number, and e-mail].

11. **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.

12. **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 relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of the expenses), do not include them.

13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?
List the amount that you normally receive. For example, if you normally receive $1,000 each month, but you missed some work last month and only received $900, put down that you receive $1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

14. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?
If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

15. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?
No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.

16. WHAT IF MY CHILD(REN) DO NOT HAVE HEALTH INSURANCE?
Your child(ren) may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To apply online, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.

17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?
To find out how to apply for Food Assistance Program (FAP) or other assistance benefits, contact your local assistance office or call 1-800-481-4989.

If you have other questions or need help, call [phone number].

Sincerely,

APPLICATION INSTRUCTIONS:
Your child(ren) may qualify for free milk if your household income falls within the limits on this chart.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$14,937	$1,245	$623	$575	$288
2	$20,163	$1,681	$841	$776	$388
3	$25,389	$2,116	$1,058	$977	$489
4	$30,615	$2,552	$1,276	$1,178	$589
5	$35,841	$2,987	$1,494	$1,379	$690
6	$41,067	$3,423	$1,712	$1,580	$790
7	$46,293	$3,858	$1,929	$1,781	$891
8	$51,519	$4,294	$2,147	$1,982	$991
*Each additional household member add:	$5,226*	$436*	$218*	$201*	$101*

IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDPIR, FOLLOW THESE INSTRUCTIONS:
Part 1: Skip this part.
Part 2: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.
Part 3: List child(ren)'s name, grade, and building.
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 ARE APPLYING FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, check the appropriate category in part 1 and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

IF YOU ARE APPLYING FOR *ONLY* FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:
Part 1: Skip this part.
Part 2: Skip this part.
Part 3: List the foster child(ren)'s name, circle *Yes* for foster child, and list grade and building.
Part 4: Skip this part.
Part 5: Sign and date the form. A Social Security Number is not necessary.
Part 6: Answer this question.

FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS: (Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)
Part 1: Complete if applicable.
Part 2: Skip this part.
Part 3: Follow these instructions to report ALL household members:
Column 1 - Names: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You *must* include yourself and all children living with you. Be sure to include all children. Attach another sheet of paper, if needed.
Column 2 - Circle *Yes* if Foster Child: Circle *Yes* if applicable.
Column 3 – Grade: Fill in the grade for each child attending school.
Column 4 – Building Name: Fill in the building name for each child attending school.
Part 4: GROSS INCOME: Use this section to report all income in your household from the previous month: 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 received it (weekly, every 2 weeks, twice a month, or monthly).*

- *All* persons must claim some income, or indicate that they receive no income. If a person, including any child listed in part 3, does not have any income, then $0 *must* be circled in the column labeled "Circle if NO Income."
- *Earnings 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.
- *Welfare, Child Support, and Alimony:* List the amount each person received last month.
- *Pensions, Retirement, and Social Security*: List the amount each person received last month.
- *All Other Income: All Other Income* includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and *any other income*.

Part 5: An adult household member *must* sign and date the form, list the last four (4) digits of their *Social Security Number,* or check the box "I do not have a Social Security Number."
Part 6: Answer this question.

FREE SCHOOL MILK FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant Coordinator at _____

____ Homeless ____ Migrant ____ Runaway Skip Part 2 and list the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits.

Name:_____ Case Number:_____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

If a case number is provided, only students need to be listed in Part 3.

Part 3 - Household Names - List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.

Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "$0" must be circled in the column "Circle if NO Income". If you listed a FAP/FIP/FDPIR number in Part 2, skip to Part 5.

Names	Circle *Yes* if Foster Child	Grade (if applicable)	Building Name (if applicable)	**Circle if NO Income**	Earnings from Work (before any deductions and taxes)			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security			All Other Income		
Example: *Jane Doe*	Yes			$0	*$600*	weekly	every 2 weeks		weekly	every 2 weeks	*$250*	weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
1	Yes			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
2	Yes			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
3	Yes			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
4	Yes			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
5	Yes			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
6	Yes			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
7	Yes			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
8	Yes			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number *(Adult household member MUST sign and date.)*

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of 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 sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

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

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ ☐ I do not have a Social Security Number

Address		*City*	*Zip Code*	*County*
Home/Cell Phone	*Work Phone*	*Email Address*	By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.	

Part 6 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

_____ American Indian or Alaskan Native
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ Asian
_____ White
_____ Other

Check One Ethnic Identity:

_____ Hispanic or Latino
_____ Neither Hispanic or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell 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 last four (4) digits of 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, list a FAP or FIP case number or other FDPIR identifier for your child, or 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.

"The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer."

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Household Size: _____

Total Gross Income: $_____

_____ Weekly
_____ Every 2 Weeks
_____ Twice a Month
_____ Monthly
_____ Annual

_____ Number of Children Free
_____ Number of Children Paid

Reason for Denial:

_____ Income Too High
_____ Incomplete Application
_____ Other (specify) _____

Determining Official's Signature: _____ **Date:** _____ **Date Dropped/Withdrawn:** _____

Sponsor/School Name: _____ **Recipient Code/Agreement Number:** _____

Date: _____

Dear Parent or Guardian:

Your Free School 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.
☐ Last four digits of the Social Security Number of adult who signed the application is missing.
☐ Other *(specify)*: _____

You may reapply or appeal 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 and Title: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____

Sincerely,

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Free School Milk Family Application, your child may qualify for other programs. 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 or reduced price meals.

☐ Yes! **I DO** want school officials to share information from my Free School Milk Family Application with [*Name of Program Specific to Your School*].

☐ Yes! **I DO** want school officials to share information from my Free School Milk Family Application with [*Name of Program Specific to Your School*].

☐ Yes! **I DO** want school officials to share information from my Free School Milk Family Application with [*Name of Program Specific to Your School*].

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

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call _____ at _____

Return this form to: *[Name, Address, and Phone Number]*.

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Critical Information for the Free School Milk Family Application

Special Milk Program

- The Special Milk Program and Free School 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.
- Local Educational Agencies (LEAs) are **required** to use the Free School Milk Family Application.
- The Free School Milk Family Application cannot be completed and signed before July 1 of the effective school year. Annually, Income Eligibility Guidelines (IEG) are effective from July 1 to June 30.
- The Free School Milk Family Application materials are available in several languages. The translations of application materials can be found at: www.fns.usda.gov/cnd/FRP/frp.process.htm.
- **New** programs *must* submit a copy of the Free School Milk Family Application and Letter to Parents, with any appropriate district/school information or additions, to the Michigan Department of Education (MDE) for approval.
- **Renewing** programs that make changes to the Free School 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.
- Every year, MDE will release to all editors/publishers of local media outlets in Michigan the Annual Public Notice for United States Department of Agriculture (USDA) Child Nutrition Programs. This publication meets the requirement of a Public (Media) Release being provided to the local news media. However, LEAs are responsible to forward the public release to any major employer who is contemplating large layoffs in the attendance area of its school.

Family Application Approval Process Information

- Refer to the *Eligibility Manual for School Meals* (August 2012) when approving a Free School Milk Family Application. It is available at: http://www.fns.usda.gov/cnd/guidance/EliMan.pdf.
- LEAs 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 is available at: http://www.fns.usda.gov/cnd/Governance/Policy-Memos/2007/SP_04-2007.pdf.

- LEAs *must* carry over the eligibility status from the previous school year for up to 30 days. Any prior school year applications used beyond the 30th day of operation are not valid for free milk benefits and will result in fiscal action.

- Eligibility determinations are valid for the entire school year. There are no longer temporary approvals.

- Electronic Benefit Transfer (EBT) Bridge Cards are now used throughout the state of Michigan. The EBT Bridge Card Number is a 16-digit numerical number, for example: 1234 2345 3456 4567, while the **Food Assistance Program (FAP) Case Number is a numerical number, with a total number of 9 digits beginning with the number 1**. The USDA has determined that the number on a household's EBT Bridge Card cannot be accepted as a Food Assistance Program (FAP) Case Number on applications for milk benefits. As you receive and review applications for meal benefits, be sure that households providing a FAP Case Number in Part 2 of the application are providing a FAP Case Number and not an EBT Bridge Card Number.

- If any member in a household has a FAP, Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR) number, all of the children in the household are categorically eligible for free milk.

- 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; or 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.

- All persons must claim some income or indicate that they receive no income. If the person, including any child listed in Part 3 on the application, does not have any income, then $0 *must* be circled in the column labeled "Circle if NO Income" under Part 4.

- 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 is available at: http://www.fns.usda.gov/cnd/Governance/Reauthorization_Policy_04/Reauthorization_04/2004-07-19.pdf.

- As stated in the *Eligibility Manual for School Meals* (October 2011), Part 5 - Categorical Eligibility, a child from a household currently certified to receive benefits through the 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 meals or free milk, as applicable. For further information please refer to: http://www.fns.usda.gov/fdd/programs/fdpir/.

- Previously, a separate application for free milk was submitted for a foster child who was considered a household of one. Now, the foster child is categorically eligible for free milk and may be certified without an application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. This will streamline the application process and may help the foster family's non-foster children qualify for free milk based on household size and income.

  In processing the application, the school food authority certifies the foster child for free milk and makes an eligibility determination for the remainder of the household based on the household's income (including personal income earned by the foster child) or other categorical eligibility information reported on the application. As before, foster payments received by the family from the placing agency are not considered income and do not need to be reported. Please note that the presence of a foster child in the household does *not* convey eligibility for free milk to all children in the household in the same manner as FAP, FIP, and FDPIR participation does.

- All applications for the students in a particular building *must* be easily retrievable. A household application can be filed and retrieved by a number system using a computer database or spreadsheet 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.

- 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 for free meals or free milk or reduced price meals) to persons directly connected with the administration or enforcement of federal education or state education programs such as Title I, Michigan Educational Assessment Program (MEAP), and No Child Left Behind.

- The attachment, Sharing Information with Other Programs*, must* be used when a school/district plans to use information from 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 from the application. 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 Manual for School Meals* 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 an e-mail address. If a household does not provide an e-mail address or the e-mail address provided does not 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.

Income Eligibility Guidelines for Use in Schools

(This form is for school personnel use only.)

Family income criteria to be used for the 2013-2014 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	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$14,937	$1,245	$623	$575	$288	$21,257	$1,772	$886	$818	$409
2	$20,163	$1,681	$841	$776	$388	$28,694	$2,392	$1,196	$1,104	$552
3	$25,389	$2,116	$1,058	$977	$489	$36,131	$3,011	$1,506	$1,390	$695
4	$30,615	$2,552	$1,276	$1,178	$589	$43,568	$3,631	$1,816	$1,676	$838
5	$35,841	$2,987	$1,494	$1,379	$690	$51,005	$4,251	$2,126	$1,962	$981
6	$41,067	$3,423	$1,712	$1,580	$790	$58,442	$4,871	$2,436	$2,248	$1,124
7	$46,293	$3,858	$1,929	$1,781	$891	$65,879	$5,490	$2,745	$2,534	$1,267
8	$51,519	$4,294	$2,147	$1,982	$991	$73,316	$6,110	$3,055	$2,820	$1,410
	$5,226*	$436*	$218*	$201*	$101*	$7,437*	$620*	$310*	$287*	$144*

*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, or Farm

Welfare/Child Support/Alimony
- Public Assistance Payments
- Welfare Payments
- Alimony/Child Support Payments

Pensions/Retirement/Social Security
- Pensions
- Supplemental Security Income (SSI)
- 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

Michigan Department of Education
Office of School Support Services
School Nutrition Programs

Direct Certification
School Year 2013-2014

Local Educational Agencies (LEAs) must notify households of their eligibility for free meals and milk based on Direct Certification and maintain a record of the notification. The notification must include:

- The student(s) eligible for free benefits.
- A statement that no further application is necessary.
- Instructions that the household must notify school officials if they do not want free benefits for their student(s).

Attached is a prototype notification letter for Direct Certification, *Eligibility Notification Letter-Direct Certification*. The page is designed to be printed on 8½" by 11" paper.

Questions regarding this packet may be directed to the School Nutrition Programs unit at mde-schoolnutrition@michigan.gov or (517) 373-3347.

Eligibility Notification Letter – Direct Certification

Date:

Dear Parent or Guardian:

The following student(s) in your household is (are) approved for free school meals based on participation in the Food Assistance Program (FAP)/Family Independence Program (FIP).

Name of Student	Grade	School

APPROVED:

- ☐ Free Lunch
- ☐ Free Breakfast
- ☐ Free Afterschool Snack
- ☐ Free Milk

No further application is necessary; please do not complete the Free and Reduced Price School Meals or the Free School Milk Family Applications for the student(s) listed above.

If there are other children in the household who are not listed above and you would like them to receive free meals, or if you have any questions please contact:

[Name]

[Phone]

[Email]

If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make any substitution prescribed by a doctor at no extra charge. The doctor's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school. For further information, please call the number listed above.

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

If you do not want your student(s) to receive free meals, please fill out and return the statement below to the school office.

---------- *Cut Here* ----------

I do *not* want my student(s) _____ to receive free meals.

_____ _____

Parent or Guardian Signature *Date*