

Free Milk Family Application Forms School Year 2009-2010

The Free Milk Family Application prototype and related materials for School Year 2009-10 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 (1 page)

Other materials:

- Income Eligibility Guidelines for Use in Schools (1 page)
- Critical Information for the Free Milk Family Application (3 pages)

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 mde-schoolnutrition@michigan.gov.

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 the application to apply for free milk. Use one Free Milk Family Application for all students in your house-hold. 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 homeless, runaway, and migrant children get free milk?** Please call **[name and phone number]**, homeless liaison or migrant coordinator to see if your child(ren) qualify if you have not been informed that they will get 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 any instructions if provided. Call the school at **[phone number]** if you have questions.
- 5. I get 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.
- 6. Will the information I give be checked?** Yes, we may ask you to send written proof of any information provided on the application.
- 7. 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 children may be able to get free milk.
- 8. 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]**.
- 9. 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.
- 10. 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), including yourself and all children who live with you.
- 11. 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.
- 12. We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 13. 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 online, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.

Sincerely,

Application Instructions:

Your children 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	\$14,079	\$1,174	\$587	\$542	\$271
2	\$18,941	\$1,579	\$790	\$729	\$365
3	\$23,803	\$1,984	\$992	\$916	\$458
4	\$28,665	\$2,389	\$1,195	\$1,103	\$552
5	\$33,527	\$2,794	\$1,397	\$1,290	\$645
6	\$38,389	\$3,200	\$1,600	\$1,477	\$739
7	\$43,251	\$3,605	\$1,803	\$1,664	\$832
8	\$48,113	\$4,010	\$2,005	\$1,851	\$926
For each additional household member add:	\$4862	\$406*	\$203*	\$187*	\$94*

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 Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (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 FAP, FIP, or FDPIR 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. Be sure to include all students listed in Part 3. 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 2 weeks, twice a month, or monthly).*
 - *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.
 - *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 "\$0" 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.

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:

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ White

___ Native Hawaiian or Other Pacific Islander

___ Other

Check one ethnic identity:

___ Hispanic or Latino

___ Neither Hispanic nor Latino

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 Supplemental Nutrition Assistance 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 milk program. 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 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."

Approval/Disapproval - This is 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: _____

___ Foster Child

___ Categorical Eligibility

Reason for Denial:

___ Income too High

___ Incomplete Application

___ Other (specify) _____

Total Gross Income: \$ _____

___ Weekly

___ Every 2 Weeks

___ Twice a Month

___ Monthly

___ Annual

Eligibility:

___ Free

___ Paid

___ Temporary Free- Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Date Dropped/Withdrawn: _____

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 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: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

Sincerely,

"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."

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 or reduced price meals.**

- 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: _____

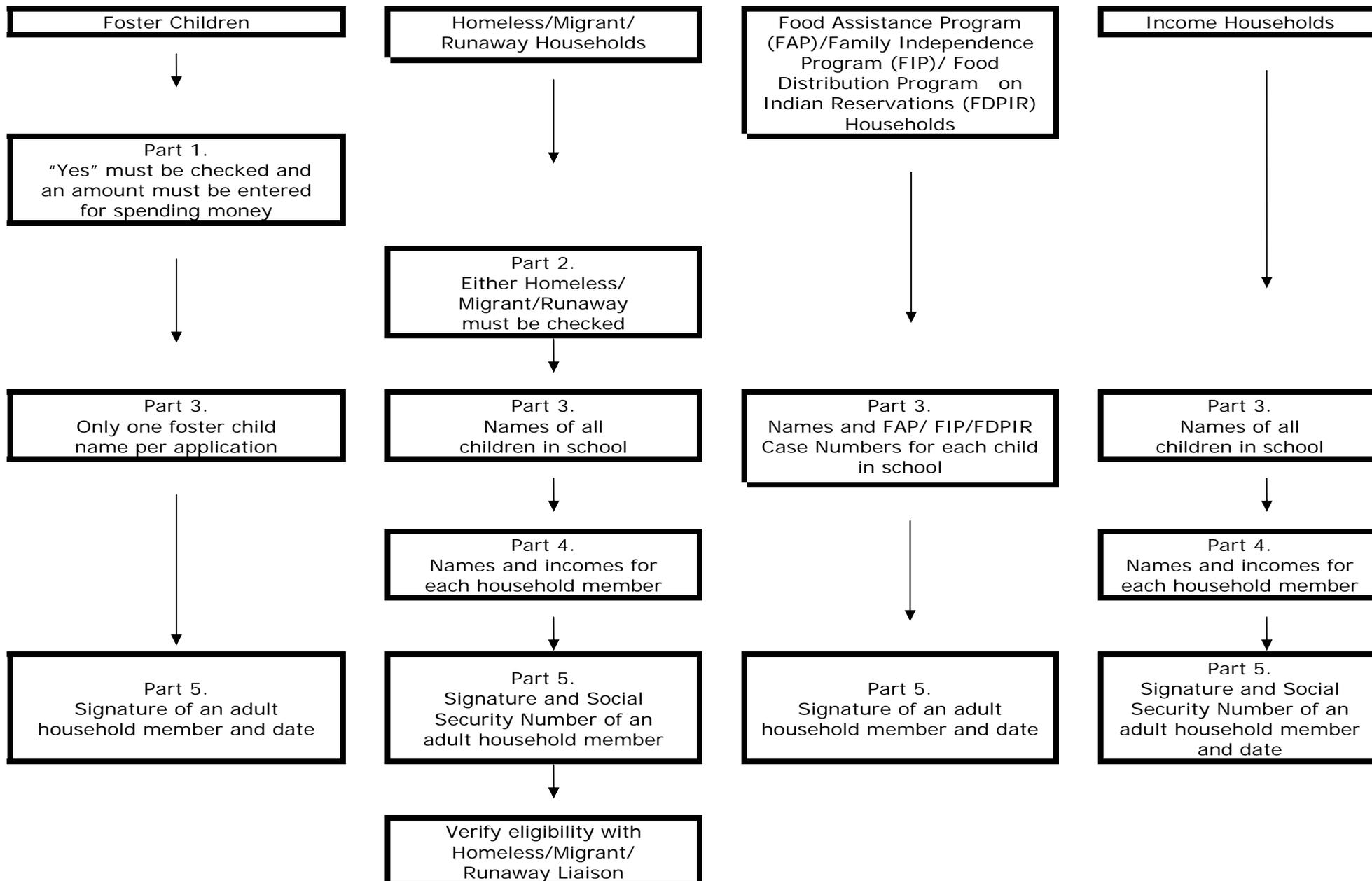
Address: _____

For more information, you may call _____ at _____.

Return this form to: **[name, address, and phone number]**.

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 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."

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 2009-2010 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	\$14,079	\$1,174	\$587	\$542	\$271	\$20,036	\$1,670	\$835	\$771	\$386
2	\$18,941	\$1,579	\$790	\$729	\$365	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3	\$23,803	\$1,984	\$992	\$916	\$458	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4	\$28,665	\$2,389	\$1,195	\$1,103	\$552	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5	\$33,527	\$2,794	\$1,397	\$1,290	\$645	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6	\$38,389	\$3,200	\$1,600	\$1,477	\$739	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$43,251	\$3,605	\$1,803	\$1,664	\$832	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8	\$48,113	\$4,010	\$2,005	\$1,851	\$926	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
	\$4862*	\$406*	\$203*	\$187*	\$94*	\$6919*	\$577*	\$289*	\$267*	\$134*

*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

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

Welfare/Child Support/Alimony

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

Critical Information for 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.
- Local Educational Agencies (LEAs) are **required** to use the *Free Milk Family Application*.
- The *Free 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 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 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 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 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 your school.

Family Application Approval Process Information

- Refer to the *Eligibility Guidance for School Meals Manual* when approving free milk applications. It is available at:
http://www.fns.usda.gov/cnd/Guidance/eligibility_guidance.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.

- 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 are not valid for free and reduced meal benefits and 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 Assistance Program (FAP) Case Number is a numerical number, with a total number of 9 digits. 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 Assistance Program (FAP) Case Number on applications for meal benefits.** As you receive and review applications for meal benefits, be sure that households providing a FAP Case Number in Part 3 of the application are providing a FAP 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 FAP, Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR) number listed. (Do not assume all children in the same family share the same number.)
- If a household has only one (1) 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 (1) 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 meals or free milk, as applicable. For further information please refer to: <http://www.fns.usda.gov/fdd/programs/fdpi/>.
- 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 for 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 from free applications for purposes other than evaluating eligibility for milk 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 Guidance for Milk 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 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.