



## INSTRUCTIONS FOR SCHOOL DISTRICTS

### *Free Milk Application, Multi-Child Short Format*

This packet contains:

**Required** information that *must* be provided to households:

- Letter to Households
- Free Milk Application

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

- Sharing Information With Medicaid/SCHIP
- Sharing Information With Other Programs

The pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. **[Bold bracketed fields]** indicate where you need to insert your school district's specific information. If these materials have not been modified to include your State's name for Temporary Assistance to Needy Families (TANF), State Children's Health Insurance Program (SCHIP), or, if applicable, to add Food Distribution Program on Indian Reservations (FDPIR), you should insert this information as appropriate. If you make additional changes, you must submit your application package to the State agency for approval.

If you have questions, contact:

**[State agency address]**

**[Insert School District Letterhead]**

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School]** offers free milk every school day. Milk costs **[\$]**. Your child(ren) may qualify for free milk.

To apply for free milk, use the Free Milk Application, which is enclosed. 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, phone number].**

*Here are answers to questions you may have about applying:*

- 1. Who can get free milk?** Children in households getting Food Stamps or TANF and most foster children can get free milk regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free milk.
- 2. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 3. What if I stop getting Food Stamps or TANF?** If your children qualify because you listed a Food Stamp or TANF case number, you must tell the school when you no longer get Food Stamps or TANF.
- 4. What if my household size or income changes?** If your children qualify for free milk based on your income, you must tell us if your household size goes down or if your income goes up by more than \$50 per month (\$600 per year). Call us at **[phone number]**. You do not have to fill out another application.
- 5. If I don't qualify now, may I apply again 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 or TANF. If you lose your job, your children may be able to get free milk during the time you are unemployed.
- 6. 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]**.

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

*Si necesita ayuda, por favor llame al teléfono: [phone number].*

*Si vous voudriez d'aide, contactez nous au numero: [phone number].*

Sincerely,

**[signature]**

## INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

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

**Part 1:** List the child's name, school, and grade.

**Part 2:** List the child's personal use monthly income, if any.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 5:** Answer this question if you choose to.

### **If your household gets FOOD STAMPS OR TANF, follow these instructions:**

**Part 1:** List each child's name, school, grade, and Food Stamp or TANF case number.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 5:** Answer this question if you choose to.

### **ALL OTHER HOUSEHOLDS, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** 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 relatives, or friends). You must include yourself and all children. Attach another sheet of paper if you need to.

**Column 2–Last month's income and how often it was received:** List the types of income your household got last month and how often you got them.

*Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, 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. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 5:** Answer this question if you choose to.

## FREE MILK APPLICATION

<b>Part 1. Children in School (Use a separate application for each foster child)</b>			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any)

If you listed a Food Stamp/TANF case number for EACH child, skip to Part 4.

<b>Part 2. Foster Child</b>
If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$_____. Skip to Part 4.

<b>Part 3. Total Household Income from Last Month—You must tell us how much and how often</b>					
1. Name (List <b>everyone</b> in household)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if <b>NO</b> incom e
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
<i>(Example) Jane Smith</i>	\$ <u>200</u> /weekly	\$ <u>150</u> /weekly	\$ <u>100</u> /monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

<b>Part 4. Signature and Social Security Number (Adult must sign)</b>
An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
<i>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 children may lose meal benefits, and I may be prosecuted.</i>
Sign here: X _____
Address _____ Telephone _____
Social Security Number: ____ - ____ - ____ <input type="checkbox"/> I do not have a Social Security Number

<b>Part 5. Children's racial and ethnic identities (optional)</b>
<u>Mark one or more racial identities:</u>
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<u>Mark one ethnic identity:</u>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

<b>Don't fill out this part. This is for school use only.</b>
Monthly Income Conversion: Weekly X 52 Every 2 Weeks x 26, Twice A Month x 24
Monthly Income: _____ Household size: ____ FS/TANF: ____ Date Withdrawn: _____
Eligibility: Free ____ Denied ____ Reason: _____
Temporary: Free ____ Time Period: _____ (expires after ____ days)
Determining Official's Signature: _____ Date: _____

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**Privacy Act Statement: This explains how we will use the information you give us.**

The 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 children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the 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 misuse of program rules.

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**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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## SHARING INFORMATION WITH MEDICAID/SCHIP

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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- Yes! I **DO** want information from my Free Milk Application shared with Medicaid and the State Children's Health Insurance Program.

**If you checked yes, stop here. You do not have to complete or send in this form. We will share your information automatically.**

- No! I **DO NOT** want information from my Free Milk Application shared with Medicaid or the State Children's Health Insurance Program.

**If you checked no, fill out the form below.**

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 **[name]** at **[phone]**.  
**Return this form to: [address] by [date].**

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free Milk Application may be shared with other programs for which your children may qualify. **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.**

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- No! I **DO NOT** want information from my Free Milk 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.**

- Yes! I **DO** want school officials to share information from my Free Milk Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free Milk Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free Milk Application with **[name of program specific to your school]**.

**If you checked 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.**

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 **[name]** at **[phone]**.

**Return this form to: [address] by [date].**

## MEAL BENEFIT NOTIFICATION

Dear Parent:

Your application for free milk for your child(ren) has been:

Approved

\*Denied for the following reason(s):

If you do not agree with the decision on your application, you may wish to discuss it with the school official. If you wish to review the decision further, you have the right to a fair hearing. This can be done by calling or writing:

**[INSERT THE NAME, ADDRESS AND TELEPHONE NUMBER OF HEARING OFFICIAL]**

Name

Address

Telephone ( )

**REPORTING CHANGES:** If your child is approved for milk benefits, you must report any changes in food stamp or TAFDC eligibility, household size and increases in income of more than \$50 a month or \$600 per year. Households that provided a food stamp or TAFDC case number to establish eligibility for free meals must report any termination of benefits under the Food Stamp or TAFDC Programs. Call the school official listed above to report any changes.

You may reapply for benefits any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in household size, fill out an application at that time.

*In the operation of Child Feeding Programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write immediately to the Secretary of Agriculture, Washington DC 20250.*

\*\*\*Notice to Household\*\*\*

Please retain this document for verification of eligibility for participation in the Special Milk Program

\*If denied, hearing procedures have been enclosed.

## HEARING PROCEDURE

**YOUR APPLICATION FOR FREE MILK HAS BEEN :**

**DENIED**

**TERMINATED**

Prior to initiating the hearing procedure, the parents or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information and obtain an explanation of data submitted in the application or the decision rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

**The hearing procedure provides for the following:**

1. A publicly announced, simple method for making an oral or written request.
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, any documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.
5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing be conducted and the decision made by a hearing official who did not participate in making the decision under appeal or any previously held conference.
8. That the decision of the hearing official be based in the oral and documentary evidence presented at the hearing and be made a part of the hearing record.
9. That the parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official and that the decision of the hearing official is binding.
10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence, a summary of any oral testimony presented at the hearing, the decision of the hearing official including the reasons thereof and a copy of the notification to the parties concerned of the hearing official's decision.
11. That such written record be preserved for a period of 3 years after the close of the school year to which it pertains. These records shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

**During the appeal and hearing procedure:**

A. Children who have been denied benefits upon application shall not receive continued benefits during this period.

B. Children who have been approved for benefits but are subject to termination of benefits later in the same school year shall continue to receive benefits if an appeal of the adverse action has been made within the 10 day advance notice period.

Advance notification shall be provided to families who receive a termination of benefits 10 calendar days prior to the actual termination. The notice shall advise households of: (1) the change; (2) the reason for the change; (3) the right to appeal the action within the 10 day advance notice period; (4) instructions on how to appeal and (5) the right to reapply any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the School Food Authority.