# SPECIAL MILK PROGRAM

# SY 2025 HOUSEHOLD APPLICATION FOR FREE MILK

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**STEP 1:** **STUDENT INFORMATION** List all students living in the household.

**Foster Child Homeless/Migrant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Last Name Student First Name School**

**Foster Child Homeless/Migrant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Last Name Student First Name School**

**Foster Child Homeless/Migrant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Last Name Student First Name School**

 **Foster Child Homeless/Migrant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Last Name Student First Name School**

**STEP 2: ASSISTANCE PROGRAMS** Do any household members (including you) participate in SNAP, TANF or FDPIR?

 No Go to STEP 3. Yes Write name and SNAP/TANF number here and skip to STEP 4.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

 **SNAP or TANF Number Letter**

**STEP 3: HOUSEHOLD INCOME** List all household members (including yourself & students listed in step 1) and gross income for each person. By entering ‘0’ or leaving any fields blank, you are certifying (promising) there is no income to report.

|  |  |
| --- | --- |
| Names  | Gross Income |
| All Household Members(include students listed above) | Earnings from Work before deductions | Weekly | Every 2 weeks | 2 times/month | Monthly | Public Assistance, Child Support, Alimony received | Weekly | Every 2 weeks | 2 times/month | Monthly | Pensions, Retirement, Social Security, All Other Income | Weekly | Every 2 weeks | 2 times/month | Monthly |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
| **TOTAL HOUSEHOLD SIZE:** |  |  |

**STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER *(required)***

*I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

### I do not have a Social Security Number

### Signature of Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_ \_\_ \_\_ \_\_ ❑

### Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **\* FOR SCHOOL USE ONLY \***Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household Size: \_\_\_\_\_\_\_\_ Free\_\_\_ Reduced\_\_\_ Denied\_\_\_ Categorically eligible free: \_\_\_\_\_\_\_\_\_\_

Determining Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification - Confirming Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 5: *Optional*** **CHILDREN’S ETHNIC and RACIAL IDENTITIES** You are **not required** to answer this question.

Mark one ethnic identity: Mark one or more racial identities:

❑ Hispanic or Latino ❑ Asian ❑ American Indian or Alaska Native

❑ Not Hispanic or Latino ❑ White ❑ Native Hawaiian or Other Pacific Islander

❑ Black or African American ❑ Other

## NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

 ❑ Approved for applicable programs listed below (check all that apply)

❑ Free Lunches ❑ Reduced price lunches at $\_\_\_\_\_\_\_\_ per meal

❑ Free Breakfasts ❑ Reduced price breakfast at $\_\_\_\_\_\_\_\_ per meal

❑ Free After School Snacks ❑ Reduced price After School Snacks at $\_\_\_\_\_\_\_\_ per snack

 ❑ Denied because:

❑ Household income is over the amount allowable. ❑ The application is missing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

You may appeal this decision by contacting the Hearing Official, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (phone/email of Hearing Official) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely, [Signature of Approving Officer]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(1)       mail:**

            U.S. Department of Agriculture

            Office of the Assistant Secretary for Civil Rights

            1400 Independence Avenue, SW

            Washington, D.C. 20250-9410; or

**(2)       fax:**

**(**833) 256-1665 or (202) 690-7442; or

**(3)       email:**

            program.intake@usda.gov

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(Federal Statement Revised 5/2022)

**INSTRUCTIONS FOR COMPLETING THE SPECIAL MILK PROGRAM**

# HOUSEHOLD APPLICATION FOR FREE MILK

**STEP 1:** **STUDENT INFORMATION**

1. List all students living in the household.
2. Include the name of the school they attend (if known).
3. If the student is a foster child, mark the ‘foster child’ box next to the child’s name. If you are ONLY applying for a student who is a foster child, complete Step 1 and proceed to Step 4. If you are applying for foster children and non-foster children, go to Step 3. Adopted children are not considered foster children.
4. If you believe the student is Homeless or Migrant, check the ‘Homeless/Migrant’ box next to the child’s name and complete the rest of the application. Homeless and migrant status must be confirmed with the appropriate program staff. If the school district cannot confirm this status, the school district may contact you.

**STEP 2: ASSISTANCE PROGRAMS**

1. If no one in your household participates in SNAP, TANF or FDPIR, check ‘No’ and proceed to Step 3.
2. If anyone in your household participates in SNAP, TANF or FDPIR, check ‘Yes’ and write in the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.

**STEP 3: HOUSEHOLD INCOME**

1. Write the names of each person living in your household including yourself and the students listed in step 1. A household is a person(s) living together that shares income and expenses, even if not related.
2. Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
3. Check the box for how often each income is received.
4. If self-employed, list income from your business as a net amount. This is calculated by subtracting the total operating expenses of your business from it’s gross revenue.
5. Entering $0 or leaving any income field blank is a positive indication there is no income to report.
6. Report total household size. This number must equal the number of household members listed in section 3.

**STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

The form **must** have the **signature** of an adult household member.

The adult household member who signs must include the **last four digits of his/her** **social security number**. *If he/she does not have a social security number, check the appropriate box.* A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.

**STEP 5: CHILDREN’S ETHNIC and RACIAL IDENTITIES** ***Optional*** – This field is optional and does not affect your child’s eligibility for free or reduced meals. You are not required to answer this question, but completion of this information will help ensure everyone is treated fairly.

## INCOME TO REPORT

|  |  |  |
| --- | --- | --- |
| Earnings from Work | Public Assistance/Child Support/Alimony Received | Pensions/Retirement/Social Security &Other Income |
| -Salary, wages, cash bonuses-Net income from self-employment (farm or business)If you are in the military:-Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)-Allowances for off-base housing, food and clothing | -Unemployment benefits-Worker’s compensation-Social Security Income (SSI)-Cash assistance from State or local government-Alimony payments-Child support payments-Veteran’s benefits-Strike benefits | -Social Security (including railroad retirement and black lung benefits-Private pensions or disability benefits-Regular income from trusts or estates-Annuities-Investment income-Earned interest-Rental income-Regular cash payments from outside household |