

FAMILY APPLICATION FOR SPECIAL MILK PROGRAM BENEFITS- 2009/2010 SCHOOL YEAR

DEAR PARENT OR GUARDIAN:

All Public Elementary Schools in Meriden participate in the Special Milk Program and offer a choice of milk products to students each school day through the Special Milk Program. Eligible children may buy milk for \$.25. Children who qualify under United States Department of Agriculture guidelines may be eligible for free milk. You and your child(ren) do not have to be a U.S. Citizen to qualify for free milk under the Special Milk Program.

HOW TO FILL OUT THIS APPLICATION - PLEASE PRINT NEATLY WITH BLACK INK. PLEASE USE CAPITAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD AND ONE FOR EACH FOSTER CHILD.

PART 1 - IF YOU ARE APPLYING FOR A FOSTER CHILD, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH FOSTER CHILD. Put X in the box provided if this application is for a Foster Child. Write each child's monthly * personal use income and how often it is received (such as weekly – W, every two weeks – E, twice a month – T, or monthly – M) in the boxes provided. Write "0" if the child has no personal use income. **An Adult household member must sign Part 8.** *Personal use income includes: Funds provided by the welfare agency that are specifically identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income. Personal use income also includes other funds received by the child, including any income the child earns for full-time or regular part-time employment and money provided by the child's family for personal use. Foster children may be eligible for free milk regardless of the income of the households with whom they reside. A foster child who is a legal ward of the State may get free milk regardless of your household income. Complete a separate application for each foster child. Also, **complete this Part 1 and Parts 7 and 8. Licensed foster homes do not complete Part 5. [Note: Subsidized adoptions and/or guardianships require you to provide all household income documentation in Part 5. These children are not considered to be legal wards of the state and therefore are considered part of your household and all household income must be listed.]**

PART 2 - If you believe the child for whom you are applying is homeless or a runaway, call the homeless liaison Fernando Tiago (203) 630-4192, and place an X in the appropriate box.

PART 3 - Enter the enrolled Student's ID (if you know it), first name, middle initial, last name, date of birth, school code (if you know it), and grade. If applicable, enter the SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program), or Temporary Family Assistance (TFA) case number in the space provided for each child. If each child listed on the application has a SNAP (formerly Food Stamps), TFA, or FDIPIR number, you may skip Parts 5 & 6. You MUST fill out Parts 5 & 6 if one or more students listed DOES NOT have a case number. If this is a foster child application, ONLY list the foster child - DO NOT list any other students. (Note: If you are receiving only medical benefits for your children, you must report all household income in Part 5).

PART 4 – Indicate your children's potential eligibility or ineligibility to qualify for free milk benefits.

Part 5 - You did not give a SNAP/TFA Client ID Number: you are receiving only medical benefits: each child is not a legal ward of the state: or if each child is a subsidized adoption or you have subsidized guardianship. Note: An adult household member **must** sign the application in section 8 as well as provide a social security number in part 9.

INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS

NOTICE: If you currently receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), SNAP, FDIPIR, or TFA your enrolled child(ren) may be eligible for free meals. Complete this application using the above instructions.

APPLY FOR BENEFITS: You may apply for benefits at any time during the school year. Information provided is confidential and is used to determine your children's eligibility to receive free or reduced price meals. If you are not eligible now but your income lessens, you lose your job, your household size becomes larger, or you become eligible for SNAP, FDIPIR, or TFA benefits, you may complete another application at that time.

REPORTING INCOME: If your income is not always the same, list the amount that you normally get. 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.

PRIVACY ACT STATEMENT: *This explains how we will use the information you give us.* 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 or reduced price meals. 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 (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR 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 or reduced price meals, 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: *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.

PAYMENT POLICY: The policy of the Food Services Program is to pay for breakfasts and/or lunches and milks before they are eaten. You can pay for meals or milk in advance on your child's account utilizing cash, a personal check, money order or by using our online prepayment system, at www.mealpayplus.com. A student with insufficient funds in their account will only be allowed to receive a meal three times in a given school year prior to the Food Services Program considering to refuse the student a meal

FAIR HEARING: If you do not agree with the school's decision on your application or the result of verification, you may ask for a fair hearing by calling or writing: Ms. Corinne Eisenstein, Director of Business Services, Meriden Board of Education, 22 Liberty Street, Meriden, CT 06450, (203) 630-4170.

SUBMIT: Please return completed milk applications to the Food Service Department, 22 Liberty Street Meriden CT 06450 (203) 630-4166. We will let you know when your application is approved or denied. **If you received a letter from the Department of Social Services qualifying your child for free meals it must be submitted to the Food Services program for your child to receive this benefit. This letter is a substitute for completing this application.**

CONFIDENTIALITY: We will use the information on your application to decide if your child should get free milk. We may inform officials connected with Title 1 and the National Assessment of Educational Progress whether your child is eligible for free milk. They will use this information for funding and/or evaluation purposes. Information may also be disclosed if you want the application to be used to get other benefits.

- a. **HOUSEHOLD NAMES:** Write the names of everyone (related or unrelated) who live in your household who are not listed above. Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, doctor bills, and utility bills. Include yourself, your spouse, all other children, grandparents, other relatives and unrelated people in your household. DO NOT include the names of the students listed in Part 3 **unless the student receives regular income**, and DO NOT include any foster children. Households with deployed service members should include their name and the income made available to the household. Use a separate sheet of paper if you do not have enough space. **Note: Do not include foster children in your regular household.**
- b. **CURRENT INCOME:** Write the amount of income each person now receives BEFORE DEDUCTIONS on the same row as his or her name in the column that corresponds with the income source. Also indicate the frequency at which the income is received. In the box marked "F," enter W if income entered is received weekly, E if income is received every 2 weeks, T if income is received twice a month, M if the income is received monthly or Y if the income is received yearly (see chart at the bottom of this page for income to report). **If the amount received most recently is higher or lower than usual, write instead that person's usual income.** Note: if you are in the military Housing Privatization Initiative, do not include this housing allowance.
- c. **NO INCOME:** If the individual has no income, you must put an X in the box indicating No Income next to the individual's name.

PART 6 – Enter the total number of people living in your household from parts 3 and 5. If a student has been listed in both Part 3 and Part 5, count him/her only once.

PART 7 - Enter your mailing address and telephone number.

PART 8 – SIGN, DATE, and PRINT the name of the adult filling out the application. Enter the date signed. An adult household member must sign the application or it can not be approved.

PART 9 - A Social Security Number of the signing member is required, unless the member does not have a Social Security Number (place an X in the box provided), if you have listed a SNAP (formerly Food Stamps) or TFA client number or if this is a foster child application.

PART 10 (OPTIONAL) - Put an X indicating the student's race/ethnic origin in the boxes provided. You DO NOT have to provide this information.

INCOME TO REPORT

Gross earnings before deductions; include all jobs	Wages/salaries/tips before taxes, income from self-owned business, day care business or farm
Welfare, child support, alimony	Public assistance payments, welfare payments, alimony/child support payments, adoption assistance
Pension, Social Security, permanent disability, and other income	Pensions, Supplemental Security Income, retirement income, veteran's payments, Social Security, permanent disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, royalties/annuities/rental income, any other income, including temporary assistance, temporary disability, strike benefits, unemployment compensation, workers compensation.

INCOME ELIGIBILITY GUIDELINES - Use the income chart below to see if you qualify for free milk under the Special Milk Program, effective July 1, 2009 - June 30, 2010

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	*A household of 1 means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.
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 family member, add:	\$4,862	\$406	\$203	\$187	\$94	

If my child is eligible for free milk, will my child and family also be eligible for SNAP benefits? Your child and family may be eligible for SNAP benefits if your child is determined to be eligible for free milk. For information regarding the SNAP Program and to contact the Department of Social Services office in your town, contact United Way's free referral number **2-1-1 INFONLINE** (Free call, statewide).