

FAMILY APPLICATION FOR FREE MILK

Part 1. Children in School (Use a separate application for each foster child)

Names of all children ins school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or FIP case # (if any). Skip to Part 5 if you list a Food Stamp or FIP case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income-You must tell us how much and how often

1. Name (List everyone in household) (Example) Jane Smith	2. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3 Check if NO income
	Earnings from work before deductions	Welfare child support, alimony	Pensions, retirement, Social Security	All Other income	
Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 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 Letter to Household)
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.

Sign here: X _____ Print name: _____

Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

Mark one ethnic identity:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other | |

Don't fill out this part. 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

Total Income: _____ Per: ___ Week, ___ Every 2 Weeks, ___ Twice A Month, ___ Month, ___ Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: ___ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Determining Official's Signature: _____ Date _____

DISCHARGE DATE: _____

INSTRUCTIONS FOR APPLYING

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

If your household gets FOOD STAMPS or FIP benefits, follow these instructions:

Part 1: List child(ren)'s name(s), school(s), school(s), grade(s), and a Food Stamp or FIP case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Check the appropriate box and contact [your school, homeless liaison, migrant coordinator]. Fill out application by following instructions for **ALL OTHER HOUSEHOLDS**.

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

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer the question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

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

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

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 relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2-Gross income last month and how often it was received: Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person received from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). All other income: List the amount each person got last month from welfare, child support, alimony, pensions (second column), pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include 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. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

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

Part 5: 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 6: Answer this question if you choose to.

FOR SCHOOL USE ONLY

Date Verification Notice Sent: _____ Response from Household: _____ Second Notice Sent: _____

Verification Results:

No Change _____ Free to Reduced-price _____ Free to Paid _____ Reduced Price to Free _____ Reduced to Paid _____

Reason for Eligibility Change:

Income _____ Household size _____ Refused to Cooperate _____ Change in Food Stamp/FIP _____

Other _____

Date Notice of Change sent to Parent/Guardian: _____

Signature of Verifying Official: _____ Date: _____