

Dear Parent/Guardian:

The _____ School serves milk every school day. Students may buy milk for _____ cents.

If your total household income equals or is less than the amounts shown here, your children are eligible for free milk.

To apply for milk benefits, complete, sign and return the attached application to the school. Within 10 days of receiving your application, the school will let you know if your child can have free milk.

How do I get free milk for my child? You must complete the Free School Milk Application and return it to the school.

- **Households getting SNAP or TANF benefits.** You only have to include your child's name and case number, and an adult household member must sign the form.
- **Households that do not get SNAP or TANF benefits.** If you do not have a case number, you must include the names of all household members, the amount of income each person got last month and where the income came from. An adult household member must sign the form and include the last four digits of his/her social security number, or indicate that he or she has none.
- **Households with a foster child.** You only have to include the child's name and check the box indicating that the child is a Foster Child on the Milk Application, and an adult must sign the form.

School Year 2019 Income Guidelines For Free Milk	
FREE	
INCOME	
Household Size	Monthly
1	1,316
2	1,784
3	2,252
4	2,720
5	3,188
6	3,656
7	4,124
8	4,592
For each additional family member add:	
	468

Will the form be verified? Your eligibility may be checked at any time during the school year. School officials may ask you to send written evidence that shows your child should get free milk.

Can I appeal the school's decision? You can talk to school officials if you do not agree with the school's decision on your form. You also may ask for a fair hearing by calling or writing to:

_____ Phone: _____

Address _____

Will information on my form be kept confidential? We will use the information on your form to decide if your child should get free milk. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

Can I apply for free milk later? You may apply for free and reduced price meals at any time during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF benefits, complete a form then.

We will let you know if you are approved or denied.

Sincerely,

HOW TO COMPLETE THE FREE SCHOOL MILK APPLICATION

Please complete the Free School Milk Application using the instructions below. Sign the form and return it to

_____ If you need help, call: # _____.

1 CHILD INFORMATION: Print your child's name.

- (a) If you are applying for school milk, include your child's grade and the name of the school.
- (b) If you are applying for milk under the Summer Food Service Program (SFSP), please check the box.

BENEFITS: Complete this Part and sign the form in #3.

- (a) If you are applying for school milk, list your current SNAP or TANF case number(s) for your child(ren).
- (b) Sign the form in #3. An adult household member must sign. You do not have to list a social security number.

FOSTER CHILDREN: Complete this part and sign the form in #3. (Foster children may be directly certified.)

- (a) A foster parent or other official representing the child must sign the form in #3. You do not have to list a social security number.
- (b) Foster children should be included as a household member. This may help other household members qualify for benefits.

2 ALL OTHER HOUSEHOLDS: Complete this Part and sign the form in #3.

- (a) Write the names of everyone in your household other than those listed above in #1. Include yourself, your spouse, and all other household members.
- (b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
- (c) If anyone is self-employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the school if you need help.
- (d) Sign the form and include the last four digits of your social security number in #3. *If you do not have a social security number, check the appropriate box.*

3 SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

- (a) The form must have the **signature** of an adult household member.
- (b) The adult household member who signs the statement 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.

4 OTHER BENEFITS: Optional. You may complete this section only if you wish to receive information about Medicaid or Cub Care benefits.

5 ETHNIC/RACIAL IDENTITY: You are **not required** to answer this question to get milk benefits, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or form

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social Security

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments
Foster child income

Federal

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency ere they applied for benefits. Individuals who are deaf, heard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

State

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

If you wish to file a discrimination complaint electronically, please go to https://www.maine.gov/mhrc/file_a_complaint/general_intake_form.htm and complete an intake questionnaire. Before completing this process, it may be helpful to review relevant links under Guidance. If you are not sure how the Maine Human Rights Act may apply to you, please review the publication, “What It Is! How It Works!” located at https://www.maine.gov/mhrc/guidance/what_it_is.htm . Maine is an equal opportunity provider and employer.