**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 members of the household (including you) currently participate in SNAP, TANF or FDPIR assistance? If NO, go to STEP3. If YES, write the case number and name of the person receiving these benefits. Do not complete STEP 3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

 **SNAP or TANF Number Letter**

**Step 3: HOUSEHOLD INCOME:** List all Household Members including yourself & students listed above and gross income for each person listed.

|  |  |
| --- | --- |
| Names  | Gross Income |
| Household Member | Earnings from Work before deductions | Weekly | Every 2 weeks | 2 times/month | Monthly | Welfare, 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 milk for your child(ren) has been approved for:

❑ Free Milk for K and Pre-K, if meals are unavailable to them

 ❑ 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)