

Special Milk Program

Dear Parent/Guardian:

The Diocese of Cleveland/Nutrition Services offers milk every school day. Children may buy milk for 25 cents. Children who qualify may get free milk.

To apply for free milk, use the Free Milk Family Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to the school.**

Here are answers to questions you may have about applying:

1. **Do I need to fill out an application for each child?** No. You may use one Free Milk Application for all students in your household.
2. **Who can get free milk?** Children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program), or Ohio Works First (OWF) benefits and most foster children can get free milk regardless of your income. Also, your children can get free milk if your household's gross income is within the free limits on the Federal Income Guidelines. Please fill out an application.
3. **Can homeless, runaway and migrant children get free milk?** If you have not already been informed that they will get free milk for this school year, please call Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 5010 to see if your child(ren) qualify.
4. **Should I fill out an application if I received a letter THIS school year saying my children are approved for free milk?** Please read the letter you got carefully and follow the instructions. Please call Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 5010 if you have questions.
5. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless you have already received a letter telling you that your child is eligible for the new school year.
6. **I get WIC. Can my child(ren) get free milk?** Children in households participating in WIC may be eligible for free milk. Please fill out an application.
7. **Will the information I give be checked?** Yes, we may ask you to send written proof of the information.
8. **If I don't qualify now, may I apply again later?** Yes. You may apply or re-apply at any time during the school year.
9. **What if I disagree with the school's decision about my application?** You should talk to Nutrition Services officials. You may also ask for a hearing by calling or writing to:

Carol Szabo
 Diocese of Cleveland/Nutrition Services
 1404 East Ninth Street, 2nd Floor
 Cleveland, OH 44114-1722
 (216) 696-6525 Ext. 3340
10. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U. S. citizen to qualify for free milk.
11. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
12. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
13. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call (216) 696-6525 Ext. 5010 or (800) 869-6525 Ext. 5010 (in-state long distance).

Sincerely,
 Nutrition Services

2010-2011

Your children may qualify for free milk if your household income falls within the limits on this chart.

FEDERAL INCOME CHART			
For School Year 2010-2011			
Household size	Yearly	Monthly	Weekly
1	14,079	1,174	271
2	18,941	1,579	365
3	23,803	1,984	458
4	28,665	2,389	552
5	33,527	2,794	645
6	38,389	3,200	739
7	43,251	3,605	832
8	48,113	4,010	926
Each additional person:	4,862	406	94

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 milk. 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 Food Assistance Program (SNAP, formerly known as the Food Stamp Program), Ohio Works First (OWF) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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 milk, and for administration and enforcement of the Special Milk Program. 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 Statement: 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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program), or gets Ohio Works First (OWF), follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a household member's 10 digit SNAP (Food Stamp) or OWF case number. *Do not use OHIO DIRECTION CARD (16 digits in length), Medicaid or Healthy Start Number.*

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

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

Part 6: Answer this question if you choose to.

If no one in you household gets SNAP or OWF benefits and if any child in your household is homeless, a migrant or runaway, follow these instructions:

Part 1: List child(ren)'s name, school and grade.

Part 2: Check the appropriate box if any.

Part 3: Skip this part.

Part 4: Complete only if your household isn't eligible under Part 2. See instruction for All Other Households.

Part 5: Sign and date the form. A Social Security Number is not necessary if you did not need to fill out Part 4.

Part 6: Answer this question if you choose to.

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 monthly income, if any. Indicate "0" if none. This does not include any funds the Foster Parent(s) receives from the courts for acting as a Foster Parent. This is only the child's personal income (stipend, part-time job, etc.).

Part 4: Skip this part.

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

Part 6: Answer this 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 this month or 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 for the month and how often it was received. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly). For example, *Earnings* from work: List the **gross income** each person earned 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. *Other Income:* List the total amount each person received for the month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, 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. For ONLY the self-employed under Earnings From Work, report income after expenses. This is for your business, farm or rental property. Next to all amounts write how often the person received it. If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances.

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 and date the form and list his or her Social Security Number, or mark the box if he or she doesn't have one. Please provide contact information including address and appropriate telephone numbers.

Part 6: Answer this question if you choose to.

2010-2011 FREE MILK FAMILY APPLICATION

Fill out completely and return to school. Sign and date. One form per household.

Instructions for completing form on reverse side. If you need help call Nutrition Services at (216) 696-6525 Ext. 5010

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

Names of all children in school (First, Middle Initial, Last)	School Building Name	Grade	10-digit Supplemental Nutrition Assistance Program (SNAP, Food Stamp) or Ohio Works First (OWF) case # for any member of the household. Do not use OHIO DIRECTION CARD, Medicaid or Healthy Start #.																	

If you listed a SNAP/OWF case number, skip to Part 5.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 5010. 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. Write "0" if the child has no personal use income. \$ _____ Skip to Part 5.

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

1. Name (List all household members.)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	
<i>(Examples)</i> John Smith	\$ 200 / Twice a month	\$ 150 / Monthly	\$ 100 / Weekly	\$ 250 / Monthly	<input type="checkbox"/>
Jane Smith	\$ 200 / Weekly	\$ 150 / Weekly	\$ 100 / Monthly	\$ 250 / Weekly	<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 attached 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 _____ Social Security Number: _____

Print Name: _____ Date: _____ I do not have a Social Security Number

Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian Black or African American Native Hawaiian or other Pacific Islander

White American Indian or Alaska Native

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 Annual Income: _____ Household size: _____ Date Withdrawn: _____

Eligibility: Categorical: _____ Income Eligibility: Free _____ Denied _____ Reason: _____

Temporary: Free _____ Expires: _____ (maximum 45 days) Extended to: _____

Determining/Approval Official's Signature: _____ Date: _____