

OKLAHOMA STATE DEPARTMENT OF EDUCATION

CHILD NUTRITION PROGRAMS (CNP)
PERMANENT POLICY STATEMENT FOR OPTION 1 PRICING

SPECIAL MILK PROGRAM

School Year: _____

The _____ has agreed to participate in
(School Food Authority)

the Special Milk Program (SMP) and accepts responsibility for providing free milk in sites that **DO NOT** participate in another federally assisted food service program authorized under the Child Nutrition Act or the National School Lunch Act or to eligible children in the sites under its jurisdiction who attend split-session kindergarten and preprimary students who **DO NOT** have access to any other meal service under the Child Nutrition or National School Lunch Acts.

The School Food Authority (SFA) assures the State Department of Education (the *State Agency*) that the school system will uniformly implement the following policies to determine children’s eligibility for free milk in all SMP sites under its jurisdiction. In fulfilling these responsibilities, the SFA:

- A. Agrees to serve milk free to children from households whose income is at or below 130 percent of the Agriculture Secretary’s income poverty guidelines listed in Attachment 1 and/or to children from **Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program)** households or *Temporary Assistance for Needy Families (TANF)* or *Food Distribution Program on Indian Reservations (FDPIR)* assistance units that provide a case number.
- B. Agrees there will be no physical segregation of, nor any other discrimination against, any child because of the inability to pay the full price of the milk. The names of the children eligible to receive free milk shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by use of special tokens, tickets, or any other means. Further assurance is given that children eligible for free milk shall not be required to:
 - 1. Work for their milk.
 - 2. Use a separate service area.
 - 3. Go through a separate serving line.
 - 4. Enter the lunchroom through a separate entrance.
 - 5. Drink milk at a different time.
 - 6. Drink milk different from that sold to children paying the full price.
- C. Agrees that in the operation of Child Nutrition Programs, no child shall be discriminated against because of race, sex, color, national origin, age, or disability.

D. Agrees to designate _____
(Name and Title of Determining Official)

to review applications and make determinations of eligibility. This official will use the criteria outlined in this policy to determine which individual children are eligible for free milk.

E. Agrees to establish and use a fair hearing procedure for households to appeal the SFA's decisions and for SFA officials to challenge the correctness of information in an application or the continued eligibility of any child for free milk. If the household appeals a termination decision during the ten-day advance notice period, the child will continue to receive free milk during the appeal and hearing.

Prior to initiating the hearing procedure, the parents or guardians or the local SFA officials may request a conference to provide an opportunity for the parents or guardians and the local SFA officials to discuss the situation, present information, obtain an explanation of data submitted in the application, and discuss decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The designated hearing official is:

(Name and Title of Hearing Official)

(Address)

NOTE: ***(This person must be someone not involved in the original eligibility determination.*** It is suggested that this person hold a position superior to that of the determining official.)

This official shall ensure that the hearing procedure provides the following for both the household and the SFA:

1. A publicly announced, simple method for making an oral or written request for a hearing.
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling and holding a hearing and adequate notice as to its time and place.
5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witness(es).
7. That the hearing be conducted and the decision be made by a hearing official who did not participate in the decision under appeal or in any previous conference.
8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and entered into the hearing record.

9. That the parties concerned and any designated representatives thereof be notified in writing of the decision of the hearing official.
 10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
 11. That such written record be retained for a period of three years after the close of the school year to which they pertain and shall be made available for examination by the parties concerned or their representatives at any reasonable time and place during such period.
- F. Agrees to develop and distribute to each child's parents or guardians a letter as outlined in Attachment 2 and an application form for free milk (Attachment 3). These forms shall be distributed at or about the beginning of each school year or whenever there is a change in eligibility criteria. The letter to parents with the milk application attachment shall have only the income eligibility guidelines for free milk (Attachment 1) with an explanation that households with incomes at or below the free guidelines are eligible for free milk.

Interested parents or guardians are responsible for filling out the application and returning it to the SFA for review. Such applications and documentation of eligibility determinations made will be maintained for a period of three years following the end of the school year to which they pertain.

Applications may be filed at any time during the year. Parents or guardians enrolling a child in an SFA for the first time shall be supplied with appropriate milk application materials regardless of the time of year the child is registered. If a child transfers from one site to another under the jurisdiction of the same SFA, the child's eligibility for free milk, if offered, will be transferred to and honored by the receiving site.

It is recognized that in certain cases foster children are also eligible for benefits. If a household has a foster child living with them and wishes to apply for such milk for this child, the household should complete Parts 2 and 4 of the application for free milk.

All children from an eligible household will receive the same benefits. Parents or guardians will be promptly notified of the approval or denial of their application(s) as outlined in Attachment 4. Children will be served milk immediately upon the establishment of their eligibility.

When an application is denied, parents or guardians will be provided written notification which shall include: (1) the reason for the denial of benefits (e.g., income in excess of allowable limits or incomplete application), (2) notification of the right to appeal, (3) instructions on how to appeal, and (4) a statement reminding parents that they may reapply for free milk benefits at any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the SFA level.

- G. Agrees to submit a public release (Attachment 5) containing the same information as in the parent letter as well as the eligibility scale for free milk (Attachment 1) to the news media, local unemployment offices, and major employers contemplating or experiencing large layoffs in the area from which the site draws its attendance. Copies of the public release shall be made available upon request to any interested persons. Any subsequent changes in an SFA's eligibility criteria during the school year shall be publicly announced in the same manner as the original criteria was announced.
- H. Agrees to establish a procedure to collect money from children who pay for their milk and to account for the number of half-pints of free and paid milk served. The procedure described in Attachment 6 will be used so that no other child in the site will consciously be made aware by such procedure of the identity of the child receiving free milk.

- I. Agrees to submit to the State Agency any alterations or revisions to the administrative procedures outlined in this policy prior to implementation. Such changes will be effective only upon approval. All changes in eligibility must be publicly announced in the same manner used at the beginning of the school year.

ATTACHMENTS

The following attachments are adopted with and considered part of this policy:

- Attachment 1 Income-Eligibility Guidelines for Free Milk
- Attachment 2 Letter to Households for the Special Milk Program
- Attachment 3 Application for Free Milk
- Attachment 4 Notice to Household of Approval/Denial of Benefit
- Attachment 5 Public Release
- Attachment 6 Collection Procedure for the Special Milk Program

Approved by:

_____	_____	_____
(Signature of Local SFA Official)	(Title)	(Date)
_____	Executive Director	_____
(Child Nutrition Programs)	(Title)	(Date)
(State Department of Education)		

ATTACHMENT 1

INCOME-ELIGIBILITY GUIDELINES FOR FREE MILK 2011-2012 SCHOOL YEAR

This is the income scale used by _____
(School Food Authority)

to determine eligibility for free milk.

(The Free Scale Should Not Be Distributed to Families)

ELIGIBILITY SCALE FOR FREE MILK					
130 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	14,157	1,180	590	545	273
2	19,123	1,594	797	736	368
3	24,089	2,008	1,004	927	464
4	29,055	2,422	1,211	1,118	559
5	34,021	2,836	1,418	1,309	655
6	38,987	3,249	1,625	1,500	750
7	43,953	3,663	1,832	1,691	846
8	48,919	4,077	2,039	1,882	941
For each additional family member, add:	4,966	414	207	191	96

This free scale shall accompany the application for free milk (Attachment 3) and must be part of the public release (Attachment 5).

ATTACHMENT 2
LETTER TO HOUSEHOLD
SCHOOL YEAR _____

Dear Parent/Guardian:

_____ *Public Schools offers milk every school day.*
Children may buy milk for \$ _____. Your children may qualify for free milk.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free milk. *Use one Free Milk Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: *(Name, Address, Phone Number)* _____.
2. WHO CAN GET FREE MILK? All children in households receiving benefits from *Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)* 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-Eligibility Guidelines.
3. CAN FOSTER CHILDREN GET FREE MILK? Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free milk. Any foster child in the household is eligible for free milk regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MILK? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free milk. If you have not been told your children will get free milk, please call or e-mail *(school, homeless liaison, or migrant coordinator information)* _____ to see if they qualify.
5. 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. Call the school at *(phone number)* _____ if you have questions.
6. 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 the school told you that your child is eligible for the new school year.
7. I GET WIC (WOMEN, INFANTS, AND CHILDREN). CAN MY CHILD(REN) GET FREE MILK? Children in households participating in WIC *MAY* be eligible for free milk. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes, and we may also ask you to send written proof.
9. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free milk if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: *(Name, Address, phone number, e-mail)* _____.
11. 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 U.S. citizens to qualify for free milk.

12. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a prorated share of expenses), do not include them.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **405-521-3076**.

If you have any other questions or need help, call *(phone number)* _____.

Si necesita ayuda, por favor llame al teléfono: (phone number) _____.

Si vous voudriez d'aide, contactez nous au numero: (phone number) _____.

Sincerely,

(Signature)

LETTER TO HOUSEHOLD

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members, the name of school for each child, each child's grade, and each child's birth date.
- Part 2:** List the name and case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits. One case number per household will qualify all enrolled students within the household.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose to.
- Part 7:** Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS *SNAP*, *TANF*, OR *FDPIR* BENEFITS, AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT, OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members, the name of school for each child, each child's grade, and each child's birth date.
- Part 2:** Skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (*your school homeless liaison or migrant coordinator*) _____.
- Part 4:** Complete only if a child in your household is not eligible under Part 3. See instructions for All Other Households.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary if you did not need to fill in Part 4.
- Part 6:** Answer this question if you choose to.
- Part 7:** Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If ALL children in the household are foster children:

- Part 1:** List all foster children, the name of school for each child, each child's grade, and each child's birth date. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose to.
- Part 7:** Answer this question if you choose to.

If some of the children in the household are foster children:

- Part 1:** List all household members, the name of school for each child, each child's grade, and each child's birth date. For any person, including children, with no income, you must check the *No Income* box. Check the box if the child is a foster child.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (*your school homeless liaison or migrant coordinator*) _____. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Box A—Name:** List all household members with income.

- **Box B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the *gross income*, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under **All Other Income**, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, federal education benefits, and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.**

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members, the name of school for each child, each child’s grade, and each child’s birth date. For any person, including children, with no income, you must check the **No Income** box.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (*your school homeless liaison or migrant coordinator*) _____. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box A—Name:** List all household members with income.
- **Box B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the *gross income*, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under **All Other Income**, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, federal education benefits, and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.**

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

FREE SCHOOL MILK APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS					
Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Name of School for Each Child/Or Indicate <i>NA</i> If Person Is Not in School	Grade	Birth Date	Check If a Foster Child (Legal Responsibility of Welfare Agency or Court)* *If all children in the household are foster children, skip to Part 5 to sign this form.	Check if <i>NO</i> Income
				<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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives *SNAP*, *TANF*, or *FDPIR*, provide the name and case number for the *ONE* person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL HOMELESS LIAISON OR MIGRANT COORDINATOR AT PHONE NUMBER) _____.

Homeless Migrant Runaway

NOTE TO SFA: A household completing this part does not automatically qualify the child for eligibility. The child must be on the Homeless, Migrant, Runaway List to qualify for free meal benefits.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>199.99</u> / <u>weekly</u>	\$ <u>149.99</u> / <u>every other week</u>	\$ <u>99.99</u> / <u>monthly</u>	\$ <u>50.00</u> / <u>monthly</u>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign the application. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.* (See Privacy Act Statement on the back of the next page.)

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 that 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: _____ Print Name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - ** - ____ _ I do not have a social security number.

Part 6: Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

PART 7: OTHER BENEFITS: You do not have to complete this part to get free milk.

- Health Insurance** Yes, I want health insurance for my children. School officials may give information from my Free Milk Application to Medicaid or Sooner Care Benefits officials so that they can send me information about free or low-cost health insurance for my children.
- No, I **DO NOT** want information from my Free Milk Application shared with Medicaid or Sooner Care Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price school meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

DO NOT 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: _____

Temporary: Free ____ Reduced ____ Time Period: _____ (Expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

(For Confirmation Reviews Under Verification)

Verifying Official's Signature: _____ Date: _____

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

185% of Poverty Level

Your children may qualify for free milk if your household income falls at or below the limits of this chart.

FEDERAL ELIGIBILITY INCOME CHART for School Year <u>2012</u>			
Household Size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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), 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 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.

Nondiscrimination 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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing-impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free Milk Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free milk.

- Yes! **IDO** want school officials to share information from my Free Milk Application with (*Name of Program Specific to Your School*) _____.

- Yes! **IDO** want school officials to share information from my Free Milk Application with (*Name of Program Specific to Your School*) _____.

- Yes! **IDO** want school officials to share information from my Free Milk Application with (*Name of Program Specific to Your School*) _____.

If you checked *Yes* to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call (*Name*) _____ at (*Phone*) _____ or e-mail at (*E-Mail Address*) _____.

Return this form to: (*Address*) _____ by (*Date*) _____.

ATTACHMENT 4

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear _____ :

Your application for free milk for your child(ren) has been:

Approved for free milk.

Approved temporarily for free milk based on income. Reapplication must be made on for an extension of eligibility.

Denied for the following reason(s):

Income over the allowable amount

Incomplete application

Other: _____

If you do not agree with the decision, you may discuss it with the school.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS: _____

TOLL-FREE/COLLECT/LOCAL PHONE NUMBER: (Circle One) _____

If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, fill out an application at that time.

Sincerely,

(Name)

(Title)

(Date)

Nondiscrimination 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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410 or call toll tree (866) 632-9992 (Voice). Individuals who are hearing-impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

ATTACHMENT 5

PUBLIC RELEASE

Due to regulations, all school food authorities (SFAs)/institutions must submit annually a public release to the informational media, local unemployment offices, any companies contemplating layoffs in that district's area, and interested individuals upon request.

Date submitted to news media: _____

Name(s) of media outlets and companies submitted to: _____

_____ School Food Authority (SFA) today announced its policy for free milk served under the Special Milk Program in sites that do not participate in another federally assisted food service program authorized under the Child Nutrition Act or the National School Lunch Act or to eligible children in the schools under jurisdiction who attend split-session kindergarten and preprimary students who do not have access to any other meal service under the Child Nutrition or National School Lunch Act.

Local SFA officials have adopted the following household size and income criteria for determining eligibility: (insert free scale).

Children from households whose income is at or below the levels shown are eligible for free milk. Application forms are being sent to all homes with a letter to parents or guardians. To apply for free milk, households should fill out the application and return it to the site. Additional copies are available at the principal's office in each site. The information provided on the application is confidential and will be used for the purpose of determining eligibility and may be verified at any time during the school year by the SFA or other program officials. Applications may be submitted at any time during the year.

For SFA officials to determine eligibility, households receiving "Supplemental Nutrition Assistance Program" (SNAP) or "Temporary Assistance to Needy Families" (TANF) or "Food Distribution Program on Indian Reservations" (FDPIR) benefits must list the children's names; a SNAP, TANF, or FDPIR case number; and the signature of an adult household member. ***If you do not list a SNAP or TANF or FDPIR case number*** for all the children you are applying for, then the application must have the children's names, the names of all household members, the amount of income each person received last month and where it came from, the signature of an adult household member, and that adult's social security number or mark the box if the adult does not have a social security number.

Foster children also categorically qualify for milk, regardless of the child's income. If you have foster children living with you and wish to apply for milk for them, please complete the application as instructed.

Under the provisions of the policy, _____
(Title of Determining Official)

will review applications and determine eligibility.

If a parent or guardian is dissatisfied with the ruling of the official, the decision may be discussed with the determining official on an informal basis.

Parents or guardians wishing to make a formal appeal may make a request either orally or in writing to

(The Hearing Official) (Address)

for a hearing to appeal the decision. The SFA's policy statement contains an outline of the hearing procedure.

DIRECT CERTIFICATION: Any member of a household currently certified to receive SNAP, TANF, or FDPIR benefits will be notified of the enrolled children's eligibility and that the enrolled children will be provided free benefits unless the household notifies the SFA that it chooses to decline benefits. If SNAP, TANF, and FDPIR households are not notified by _____ of their eligibility, they will need to submit an application.

In accordance with federal law and United States Department of Agriculture (USDA) 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.

Each site and the office of the _____
(Central Office)

has a copy of the policy which may be reviewed by any interested party.

