



App. #

### APPLICATION FOR FREE SCHOOL MILK 2011-2012

To apply for free or reduced price meals, complete this form, sign it and return it to the school.  
If you have any questions, or need help to fill this form out, please call the school.

Part 1. List each child's information.			
FULL NAME(S) of student(s)	Name of School	Grade	Check box if a Foster Child
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Part 2 Benefits:** If any member of your household received 3SquaresVT or Reach-Up assistance, provide the name of the head of household and the case number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**

Name:	Case Number:
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**Part 3.** If any child you are applying for is **Homeless, Migrant,** or a **Runaway** check the appropriate box and contact your school Homeless Liaison or Migrant Coordinator.      Homeless    Migrant    Runaway

Part 4. INCOME Eligibility (If you completed 3SquaresVT or Reach Up section of Part 2 above, skip to Part 5)		Enter gross income (before deductions) of each household member and state how often it is received (Weekly, monthly, every two weeks, twice a month, or annually)		
Name of household member List names of all household members, including students listed above	Gross Earnings from work – before deductions	Child Support, Alimony or Welfare	Social Security Pensions Retirement	Any other Income
Sample: <i>Jane Smith</i>	\$ 249.00 / weekly	\$ 300.00 / month	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**Part 5. SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian	Social Security Number: XXX – XX - ____ - ____ <input type="checkbox"/> I do not have a Soc. Sec. number
Street/Apt No.	Home Phone Work Phone
City/State/Zip	Date Signed

**Other Benefits:** For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or [www.GreenMountainCare.org](http://www.GreenMountainCare.org).  
For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com).

FOR SCHOOL USE ONLY <del>OR</del> PLEASE DO NOT WRITE BELOW THIS LINE		
Household Size: _____	Total Income _____ Per Time Period ____Year ____Month ____2XMonth ____Every 2 Weeks ____Week	NOTE: Annual Income Conversion - Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12
To be valid, this form must be signed and dated.	Eligibility Determination: (Check the box and circle the reason) <input type="checkbox"/> Free Income 3SquaresVT / Reach-Up Migrant/Runaway/Homeless Name Of _____ Foster Child: _____	<input type="checkbox"/> Denied Over Income Incomplete Form  Temporary Approval: _____ Free (30 days)* Elig. Start: _____ through End Date: _____ Follow up required after 30 days
Signature of Approving Official _____	Date _____	
Signature of Confirming Official _____	Date _____	

**INSTRUCTIONS FOR APPLYING**

**If your household receives 3SquaresVT OR REACH UP, follow these instructions:**  
**Part 1:** List each child's name, school name and grade.  
**Part 2:** Enter the name of the head of household and the Case Number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)  
**Part 3 & Part 4:** Skip these parts.  
**Part 5:** Sign the form. The last four digits of the Social Security number are not necessary if you are listing a 3SquaresVT or Reach Up case number.  
**Note:** The 3SquaresVT Program and VT DOE send information to your child's school district that shows that he/she is eligible for free school meals unless you told the 3SquaresVT Program not to send the letter. The school then sends a letter to you saying that your child(ren) has been pre-approved for free meals. If you have not received this letter, please complete and return this form to ensure your children receive benefits.

**If you are applying only for a FOSTER CHILD(ren), follow these instructions:**  
**Part 1:** List the child's name, school and grade and check the box.  
**Parts 2 through Part 4:** Skip these parts.  
**Part 5:** Sign the form. The last four digits of the Social Security number are not necessary for foster parents.  
**If some of the children in the household are foster children:**  
**Part 1:** List all children, their school and grade. 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 runaway check the appropriate box and call your school.  
**Part 4:** See the instructions for **All other Households, Part 4** below.  
**Part 5:** Adult household member must sign and include the last four digits of the Social Security Number.

**If you are applying for a Homeless, Migrant, or Runaway youth, follow these instructions:**  
**Part 1:** List the child's name, school and grade.  
**Part 2:** Skip this part.  
**Part 3:** Check the appropriate box and call your school for the Homeless Liaison or Migrant Coordinator.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. The last four digits of the Social Security number are not necessary.

**ALL OTHER HOUSEHOLDS, follow these instructions:**  
**Part 1:** List each child's name, school, and grade.  
**Part 2:** Skip this part if the household does not have a case number.  
**Part 3:** Skip this part.  
**Part 4:** Follow these instructions to report **total household income** from last month.  
**First Column –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 including the child(ren) you are applying for. Attach another sheet of paper if you need to.  
**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 **gross income** – not take home pay. Gross income is the amount earned before taxes and other deductions. This should be 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), Veterans Benefits (VA benefits), and disability benefits. Under *Any 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 3SquaresVT, 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 the Social Security number.

**Income Eligibility Guidelines**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Your children qualify for free school milk if your household income falls within the limits on this chart.
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 household member add	4,966	414	207	191	96	

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 (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) Program 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.

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 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."