App. #

APPLICATION FOR FREE SCHOOL MILK 2017-2018

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
			☐
			☐
			☐

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:**

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: *Jane Smith*	$ 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 - __ __ __ __ ☐ 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.
For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com.

FOR SCHOOL USE ONLY ☙ 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)	
_____ _____ **Signature of Approving Official** **Date**	**[ ] Free** Income 3SquaresVT / Reach-Up Migrant/Runaway/Homeless Name Of Foster Child: _____	**[ ] Denied** Over Income Incomplete Form
_____ _____ **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 your 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
1	15,678	1,307	654	603	302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
For each additional household member add	5,434	453	227	209	105

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

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.

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 (State or local) where they applied for benefits. Individuals who are deaf, hard 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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