

**Vermont Appendix:
Application Approval &
Verification Process Forms
Schools Must Use
For 2016 - 2017**



Child Nutrition Programs

Vermont Agency of Education
219 North Main Street, Suite 402

Barre, VT 05641

(802) 479-1360

2016 - 2017 Application Approval and Verification Forms

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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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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Verification Ameliorative Action List 2016-2017

Schools or SFAs that did not complete verification in school year 2015-2016 as required, that had a high number of students lose meal benefits during verification, and those that verified the incorrect number of applications are placed on the Ameliorative Action List. This information is collected annually on the Verification Report that all SFAs/Schools must submit no later than December 15th. The schools on this list must attend Application Approval and Verification Training and must conduct Verification using the **Basic Method of Verification**.

Training provides Application Approval instruction and technical assistance on the Basic Method of Verification (which includes flagging any applications approved that are *Error Prone* - within a \$100 of the monthly income limit or within \$1200 for the annual income limit, and then conducting Verification using a sample of the *Error Prone* applications.).

SFAs on the 2016-2017 Ameliorative Action List are shown below with their errors.

Each had one or more of the following errors in their 2015-2016 Verification Process:

- More than 50% of the applications verified resulted in the students losing benefits.
- Less than or more than the required 3% of the approved applications were reported as verified.
- Verification was not completed and/or the Verification Report was not completed correctly and submitted.

The Verification Report will be submitted via the **VT-CNP System** and must be submitted no later than December 15th.

For questions about training, please contact Cheryl Rogers (802) 479-1360 cheryl.rogers@vermont.gov

2016 - 2017 Verification Ameliorative Action List
Barre SU - more than 50% of applications verified lost benefits
Bennington Rutland – too many verified
Caledonia Central – too many verified and more than 50% of those verified lost benefits
Caledonia North - more than 50% of those verified lost benefits
Chittenden Central- more than 50% of those verified lost benefits
Chittenden East- more than 50% of those verified lost benefits
Colchester – too few applications verified
Essex North- more than 50% of those verified lost benefits
Franklin Central – too few applications verified
Franklin Northeast – too many applications verified
Franklin Northwest – too many applications verified
Grand Isle – did not complete verification
Lamoille North – too few verified and more than 50% of those verified lost benefits
Lamoille South – too few applications
North Country – too few and more than 50% of those applications verified lost benefits
Orange Southwest - more than 50% lost benefits
Orange Windsor – too many verified
South Burlington – too many verified
Springfield – too many verified
St Johnsbury - more than 50% lost benefits
The Compass School – did not complete verification
Two Rivers - more than 50% lost benefits
VT Achievement Center - more than 50% lost benefits
Washington South – more than 50% lost benefits
Washington West – too few applications verified

2016-2017 List of SFAs required to conduct an Independent Review of Meal Applications

Section 304 of the HHFKA of 2010 requires all schools that demonstrate high levels of, or a high risk for administrative error associated with certification, verification and other administrative processes to conduct an independent review of the initial eligibility determinations for free and reduced price school meal applications for accuracy prior to notifying households of eligibility. During the Administrative Review for the 15-16 school year, the new schools listed had an application error rate greater than 5% for the applications reviewed. For School Year 2016-2017, the SFAs listed below are required by Federal Regulations to conduct a second, Independent Review of all meal applications prior to notifying households of eligibility. This review applies to applications only; direct certification determinations do not have to be validated.

The **independent review** of applications means that the SFA must have a person independent from the approving officer conduct a second review of each application received. During this second review of applications, the Independent Reviewer must do the following:

- Review child/student names and determine if homeless/migrant/runaway or foster child box was checked.
- If household indicated “yes” in step 2, validate that a case number was included. (last 4 digits of social security number)
- Review child income if reported
- Validate number of adult household members reported
- Validate that if income was reported an earning period was indicated.
- Re-calculate the income for each income source to validate the total household income is correct.
- Verify that the correct approval status was determined.
- Sign off that it was approved correctly and date the meal application. If any errors were found, the school must keep a record of any changes for the **State Independent Review Report**.

2016-2017 Independent Review List	
<ul style="list-style-type: none"> • Blue Mountain Union SD (SY16) • Caledonia North SU (SY16) • Grand Isle SU (all schools)(SY15) • Milton (all schools)(SY15) • St. Monica’s Charitable Trust (SY15) 	<ul style="list-style-type: none"> • St. Paul’s School(SY15) • The Compass School(SY15) • White River Valley SU (SY16-OWSU, WNWSU) • Windsor Central SU (all schools)(SY15)

State Independent Review Report

Each SFA must track the following for all applications submitted and approved through October 31st of the school year:

1. The number of free and reduced price applications subject to a second review.
2. The number of applications for which the eligibility determination was changed.
3. The percentage of reviewed applications that was changed.
4. A summary of the types of changes that were made.

The **Independent Review Report** must be submitted each year by the above schools by December 15th.

[Insert School District Letterhead]

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. **Your children may qualify for free meals or for reduced price meals.** Reduced price meals are served at no charge to families. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- a. All children in households receiving benefits from **3SquaresVT or Reach-Up** are eligible for free meals.
- b. **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- c. **Children participating in their school’s Head Start program are eligible for free meals.**
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME ELIGIBILITY GUIDELINES For School Year 2016 -2017					
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional household member add	7,696	642	321	296	148

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator]**.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals 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]**.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[name, address, phone number, e-mail]** immediately.
- 5. MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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. If you do not send in a new application that is approved by the school or you have not been notified that your children is eligible for free meals, your child will be charged the full price for meals.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals; a meal application is needed. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T 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 and reduced price meals if the household income drops below the income limit.
9. 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]**.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. 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.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. **Contact [name, address, phone number, e-mail] to receive a second application.**
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **3SquaresVT** or other assistance benefits, contact your local assistance office or call **1-800-479-6151**.

If you have other questions or need help, call **[phone number]**.

Sincerely,

[signature]

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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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HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in **[School District]**. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **[School/school district contact here---phone & email preferred]**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Step 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **[school/school system here]**, regardless of age.

A) *List each child's name.* For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box, stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) *List the school name and grade. Is the child a student?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend school.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

Step 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: 3SquaresVT OR Reach-Up

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- 3SquaresVT [food stamps]
- Reach-Up

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'YES' and provide a case number for 3SquaresVT or Reach-Up. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: **the Benefits Service Center at (800) 479-6151**. You must provide a case number on your application if you circled "YES".
- Skip to STEP 4.

Step 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) **Report all income earned by children.** Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?*

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. **Infrequent earnings received on an irregular basis, such as payment for occasional baby-sitting or mowing lawns are not included.*

Sources of Income for Children	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a job where they earn a salary or wages.
• Social Security <ul style="list-style-type: none">○ Disability Payments○ Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives social security benefits.
• Income from persons <i>outside</i> the household	• A friend or extended family member <i>regularly</i> gives a child spending money.
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household's income **and** do not contribute income to your household.
- Children and students already listed in Step 1

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.

B) *List Adult Household member's name.* Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) *Report earnings from work.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) *Report income from Public Assistance/Child Support/Alimony.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

E) *Report income from Pensions/Retirement/All other income.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) *Report total household size.* Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of **your**

household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.

G) *Provide the last four digits of your Social Security Number.* The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SS#."

Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

Step 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

Step 4: CONTACT INFORMATION AND ADULT SIGNATURE

A) *Provide your contact information.* Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) *Sign and print your name.* Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) *Write Today's Date.* In the space provided, write today's date in the box.

2016-2017 Application for Free and Reduced Price School Meals - VT Agency of Education

App #

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student?		Foster		Homeless Migrant	
					Yes	No	Child	Runaway		
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: 3SquaresVT or Reach-Up? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

- A. Child Income** Sometimes children in the household earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here, if applicable. See back for more information.
- B. All Adult Household Members (including yourself)** List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total for source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Child Income	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pensions/Retirement/ All Other Income	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Adult Household Members (First & Last)	Earnings from Work	Public Assistance/ Child Support/ Alimony			
		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature

"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."

Signature of adult completing the form

Printed name of adult completing the form

Street Address (if available) Apt #

City State Zip

Today's date

Daytime Phone and Email (optional)

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.

Do Not Fill Out 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 <input style="width: 100px; height: 25px;" type="text"/>	How Often? <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Weekly</th> <th>Bi-Weekly</th> <th>2x Month</th> <th>Monthly</th> <th>Yearly</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Weekly	Bi-Weekly	2x Month	Monthly	Yearly	<input type="text"/>	Household Size <input style="width: 100px; height: 25px;" type="text"/>	Categorical Eligibility <input type="checkbox"/>	Eligibility <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Free</th> <th>Reduced</th> <th>Denied</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Free	Reduced	Denied	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Weekly	Bi-Weekly	2x Month	Monthly	Yearly																
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
Free	Reduced	Denied																		
<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Determining Official's Signature <input style="width: 200px; height: 30px;" type="text"/>	Date <input style="width: 80px; height: 30px;" type="text"/>	Confirming Official's Signature <input style="width: 200px; height: 30px;" type="text"/>	Date <input style="width: 80px; height: 30px;" type="text"/>	Verifying Official's Signature <input style="width: 200px; height: 30px;" type="text"/>	Date <input style="width: 80px; height: 30px;" type="text"/>															

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement /All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional household member add	7,696	642	321	296	148

The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price school meals 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.

Notice of Direct Certification ~ Pre-Approval for Free School Meals

[Date]

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and after school snacks at school because they receive **3SquaresVT** or **Reach-Up** benefits.

Name of Child	Name of School

If there are other school-age children in your household who aren't listed above, *they also qualify for free meals*. Please notify the school of the names of these additional children.

You will not have to complete the free and reduce price meal application that your child brings home. Please contact the school your child/children attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school
- You do not want your children to have free meals
- You have any additional questions

[name]

[phone number]

[e-mail address]

Sincerely,

[signature]

Keep this letter, as it may be helpful in determining your child's eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250-VHAP (8427).

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.

This institution is an equal opportunity provider.

Free Meals Direct Certification Letter

[Insert School District Letterhead]

Dear Parent/Guardian:

Our school serves milk each school day. Schools that do not participate in the School Lunch or Breakfast Program may participate in the Special Milk Program and offer low cost or free milk to all students. In schools where Kindergarten children do not have access to the School Breakfast and/or Lunch Program, kindergarteners may be offered the Kindergarten Special Milk Program. The cost for Milk is **[\$]**.

To get free milk for your child/children fill out an application and return it to the school. We cannot approve an application that is not complete so please follow the instructions for completing a free school milk application on the back side of the milk application.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free milk. *Use one Free School 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 **3SquaresVT or Reach-Up** 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 haven't 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 FROM 3SQUARESVT OR REACH UP THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MILK? Please read the letter you got carefully and follow the instructions. To ensure your children receive milk benefits immediately, please send the letter to the school. 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. 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 DON'T 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 pro-rated 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 wasn't 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 **3SquaresVT** or other assistance benefits, contact your local assistance office or call **1-800-479-6151**.

If you have 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]

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, audiotope, 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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App. #

APPLICATION FOR FREE SCHOOL MILK 2016-2017

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"/>

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 <small>List names of all household members, including students listed above</small>	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. 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) <input type="checkbox"/> Free Income 3SquaresVT / Reach-Up Migrant/Runaway/Homeless Name Of Foster Child: _____ <input type="checkbox"/> Denied Over Income Incomplete Form
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	15,444	1,287	644	594	297	
2	20,826	1,736	868	801	401	
3	26,208	2,184	1,092	1,008	504	
4	31,590	2,633	1,317	1,215	608	
5	36,972	3,081	1,541	1,422	711	
6	42,354	3,530	1,765	1,629	815	
7	47,749	3,980	1,990	1,837	919	
8	53,157	4,430	2,215	2,045	1,023	
For each additional household member add	5,408	451	226	208	104	

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.

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This institution is an equal opportunity provider.

Notice of Direct Certification ~ Pre-Approval of Free School Milk

[Date]

To The Parent/Guardian of:

Name of Child	Name of School

Because your child(ren) are enrolled in the 3SquaresVT program (formally called food stamps) your child(ren) will get FREE milk at school.

If you want your child to get Free Milk – Do nothing! If your child brings home an application for free milk, you do not have to fill it out.

If you **do not** want your child(ren) to receive free school milk, call **[Name]** or write to:

[Name]

[Address]

Sincerely,

[Name]

[Title]

Keep this letter, as it may be helpful in determining your child's eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250 VHAP (8427).

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.

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Child Nutrition Programs
INCOME ELIGIBILITY GUIDELINES
FREE AND REDUCED PRICE SCHOOL MEALS
OR FREE SCHOOL MILK
School Year 2016-2017

Household Size	Free					Reduced Price				
	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297	21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
For each additional household member add	5,408	451	226	208	104	7,696	642	321	296	148

BENEFIT NOTIFICATION

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);

Your application was:

- Approved for free meals
- Approved for reduced price at \$ _____ for after school snacks. There is no charge for reduced price breakfast and lunch this year.
- Approved for free milk
- Denied for the following reason(s):
 - Income over the allowable amount
 - Incomplete application because _____
 - Other _____

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or at **[e-mail address]**. 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: _____

PHONE NUMBER: _____

E-MAIL _____

Sincerely,
[Signature]

Name	Title	Date

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.

This institution is an equal opportunity provider.

REMINDER LETTER REGARDING EXPIRATION OF PREVIOUS YEAR ELIGIBILITY BENEFITS

DATE:

TO:

FROM: **[Name/School Approval Officer]**

RE: **School Meals and Eligibility Benefits**

Last year your family was eligible for Free/Reduced Price school meals. As of today, we have not received an application for the current school year. Unless you submit an application by **[insert date]**, your child(ren) will have to pay the full price.

As of **[insert date]** your child(ren) will have to pay the following prices for school meals:

Breakfast \$ _____

Lunch \$ _____

Enclosed is information about the meals program. Also enclosed is another copy of the application form if you wish to apply.

You may call **[name]** at **[phone number]** if you want to discuss this matter.

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(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

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Student Direct Certification Status

Schools wishing to determine Direct Certification Status must submit student information either by fax (802) 479-1822 or email cheryl.rogers@vermont.gov or laurie.colgan@vermont.gov.

- It is preferable that the Direct Certification Status form is used but as long as the student's name, date of birth, gender, grade and town of residence are supplied we can accept the request.
- Make sure that there is also a contact person, phone number and fax number in case there are any questions on the students that are being requested and the information can be returned to the appropriate person.

SFA _____ Telephone Number: _____

Worksheet completed by: _____

VERIFICATION NOTICE

School: _____ Date: _____

Dear _____:

Your child's application has been selected as part of a review – called the Verification review - to make sure that only eligible children receive free and reduced price meal benefits.

For this review, you must send proof that the free or reduced-price meal benefits that have been awarded to your household are correctly awarded. We have included information below to assist you in providing the needed proof. If possible, please do not send original papers. If you are unable to send copies of your original documents, the originals will be returned only if you request their return.

For additional information on the review process, please contact **[Insert Official's Name]** at **[Insert Contact Information]**.

Please send your proof to **[Insert Name of Verification Reviewing Official and Complete Mailing Address]** or return it in person at **[Insert Complete Address]** by **[Insert Date]**.

If you do not send information that proves your child is eligible to receive free or reduced-price meal benefits by **[Insert Date Inserted Above]**, your child's free or reduced-price meal benefits will be stopped.

Thank you for your cooperation in this matter.

Sincerely,

[signature]

Instructions:

1. IF YOU WERE RECEIVING BENEFITS FROM **3SquaresVT** OR **Reach-Up** WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- **3SquaresVT** or **Reach-Up** Certification Notice that shows dates of certification.
- Letter from **3SquaresVT** or **Reach-Up** office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT **[school, homeless liaison, or migrant coordinator]** FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES **3SquaresVT** or **Reach-Up** benefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address]**

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the **Reach-Up or Dept. of Children & Families** office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at **[e-mail address]**.

Privacy Act Statement: 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. 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.

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.

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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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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Verification Notice

3SquaresVT/Reach-Up/Foster Child Verification For School Meals Program

For school to complete:

School Name _____ Date _____

School Address _____

School representative _____

Phone _____ Email address _____

Fax Number: _____

Please verify that the children identified below are receiving 3SquaresVT or Reach Up benefits or are in DCF custody. If there are additional children, please list them on the back of the form.

1. Parent's name _____ Case Number _____

2. Address _____

3. City _____ State _____ Zip code _____

Child's Name	Child's Date of Birth

**Send this form to: Department for Children and Families,
ESD Food and Nutrition Programs, School Meals Verification,
280 State Drive, Waterbury, Vt. 05671-1201
Attn.: Ben Gregory
Or Fax to: 802-769-2186**

Please enclose a self-addressed return envelope.

For DCF to complete:

___ The children/household identified above ARE receiving 3SquaresVT or Reach Up benefits.

___ The child/children identified above are Foster Children.

___ The children/household identified above are NOT receiving 3SquaresVT or Reach Up benefits.

___ The child/children are not foster children.

DCF staff member verifying information _____

Date of verification _____ Phone: _____ Email _____

**LETTER A HOUSEHOLD MAY HAVE AN EMPLOYER COMPLETE
STATEMENT OF EARNINGS**

This statement is to confirm that _____ received the
(Employee's Name)

following amount of gross income (income before deductions for taxes, social security, insurance,
etc. were made) in the *most recent* pay period \$_____.

This income is paid:

- Weekly
- Every Two Weeks
- Twice a Month
- Monthly
- Other (please explain) _____

Date the payment listed above was made_____.

Company Name

Federal Employer ID# (FEIN)

Signature of Employer or Employer Representative

Title

Address

City, State, Zip

VERIFICATION RESULTS

School: _____ Date: _____

Dear _____:

We checked the information you sent us to verify that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price breakfasts and lunches are served at no charge.
- Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that no one in your household received **3SquaresVT** or **Reach-Up** benefits.
 - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **3SquaresVT** or **Reach-Up** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**, or **[e-mail]**.

Sincerely,

[signature]

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- (1) mail: U.S. Department of Agriculture
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- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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[Insert School/SU Letterhead]

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision (CEP) or Provision 2 under the National School Lunch Program. Under these provisions, *all students* receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits like supplemental tutoring, lower rates for the internet through Comcast, and assistance with fees for college entrance exams for your child(ren), you will need to complete a household income form.

16. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. *Use one Household Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to: **[name, address, phone number]**.
17. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT **SCHOOL**, WHY SHOULD I COMPLETE THIS FORM? Many state and federal programs use household income information to determine eligibility for their programs. By completing this form your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge at **school**.
18. 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 pro-rated share of expenses), do not include them.
19. 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.
20. 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.
21. 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 wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call **[phone number]**.

Sincerely,

[signature]

[School Official Name]

[Title]

2016 – 2017 Community Eligibility and Provision 2 Household Income Form

Vermont Agency of Education

Your school is a Community Eligible or Provision 2 school which means *all* students qualify for free meals. However, to determine eligibility to receive additional benefits beyond free meals for your child/children and school, please complete the household income form. Return form to: [insert school information here]

1. In Section 1, check the box that shows the number of people in your household. Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
2. In Section 2, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.
3. In Section 3, check the appropriate box if your household receives benefits from one of these programs.

1. Total No. of people in household	2. Select the appropriate range of combined annual income for all people in the household (Include all income sources listed above before taxes.)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below - \$15,444	<input type="checkbox"/> Above \$15,444 & at or below \$21,978	<input type="checkbox"/> Above \$21,978
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below - \$20,826	<input type="checkbox"/> Above \$20,826 & at or below \$29,637	<input type="checkbox"/> Above \$29,637
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below - \$26,208	<input type="checkbox"/> Above \$26,208 & at or below \$37,296	<input type="checkbox"/> Above \$37,296
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below - \$31,590	<input type="checkbox"/> Above \$31,590 & at or below \$44,955	<input type="checkbox"/> Above \$44,955
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below - \$36,972	<input type="checkbox"/> Above \$36,972 & at or below \$52,614	<input type="checkbox"/> Above \$52,614
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below - \$42,354	<input type="checkbox"/> Above \$42,354 & at or below \$60,273	<input type="checkbox"/> Above \$60,273
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below - \$47,749	<input type="checkbox"/> Above \$47,749 & at or below \$67,951	<input type="checkbox"/> Above \$67,951
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below - \$53,157	<input type="checkbox"/> Above \$53,157 & at or below \$75,647	<input type="checkbox"/> Above \$75,647
<input type="checkbox"/> 9 →	<input type="checkbox"/> At or below - \$58,565	<input type="checkbox"/> Above \$58,565 & at or below \$83,343	<input type="checkbox"/> Above \$83,343
<input type="checkbox"/> 10 →	<input type="checkbox"/> At or below - \$63,973	<input type="checkbox"/> Above \$63,973 & at or below \$91,039	<input type="checkbox"/> Above \$91,039
<input type="checkbox"/> 11 →	<input type="checkbox"/> At or below - \$69,381	<input type="checkbox"/> Above \$69,381 & at or below \$98,735	<input type="checkbox"/> Above \$98,735
<input type="checkbox"/> 12 →	<input type="checkbox"/> At or below - \$74,789	<input type="checkbox"/> Above \$74,789 & at or below \$106,431	<input type="checkbox"/> Above \$106,431
If household size is more than 12, list the household size and total annual income below.			
<input type="checkbox"/> Size: _____	<input type="checkbox"/> Income: _____		
3. Indicate if your household receives assistance from one of these programs:		<input type="checkbox"/> 3SquaresVT	<input type="checkbox"/> Reach-Up

4. List all students in the household. If any child you are reporting is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	Foster	Homeless, Migrant, Runaway	Head Start

Contact information and adult signature: "I certify (promise) that all information on this application is true and that all income is reported."

Adult Signature

Today's Date

Printed Name of Adult Signing the Form

City

State

Zip Code

(____) _____
Daytime Phone

(Optional)

(Optional)

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Meets the free guidelines _____
 Meets the reduced guidelines _____
 Income over the guidelines _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____

Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.