
EPPING SCHOOL DISTRICT

School Administrative Unit 14
213 Main Street
Epping, NH 03042



Phone (603) 679-8003
Fax (603) 679-1237
Website www.sau14.org

SPECIAL MILK PROGRAM LETTER FOR FREE MILK

Must be sent to all households if Special Milk Program is available

Dear Parent/Guardian:

The Epping Elementary School serves milk each day. Milk costs \$0.40 cents. If your income is the same or less than that on the enclosed Income Chart, your child(ren) can receive free milk. If you receive Supplemental Nutrition Assistance Program (**SNAP**) or Financial Aid to Needy Families (**FANF**) for your child(ren), your child(ren) can receive free milk. Homeless children receive free milk. A foster child may receive free milk regardless of your income.

How to Apply: To receive free milk for your child(ren), you must complete the attached Parent Income Application, sign and return it to the school.

Verification: Your eligibility may be checked at anytime during the school year. School officials may ask you to send papers showing that your child(ren) should receive free milk.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application. You may ask for a fair hearing. You may do this by calling or writing:

Name _____ Phone _____

Address _____

Reapplication: You may apply for free milk anytime during the school year. If you are not eligible now but have a decrease in household income, an increase in household size, become unemployed or get SNAP or FANF for your child(ren), complete a Parent Income Application.

The information on the Parent Income Application is used by school officials to determine if your child(ren) are eligible to receive free milk. This information can only be shared if you provide written permission to the school.

Sincerely,

Veronica Bush
Foodservices Supervisor
679-8018 ext 227

INSTRUCTIONS FOR APPLYING
A household member is any child or adult living with you.

If your household receives benefits from SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) or FINANCIAL AID TO NEEDY FAMILIES (FANF), follow these instructions:

- Part 1:** List all household members and the name of school for each child.
Part 2: List the case number for any household member (including adults) receiving SNAP or FANF benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: Answering is optional.

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

- Part 1:** List all household members and the name of school for each child.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Cathy Zylinski, 679-8003 ext 103**.
Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.
Part 6: Answering is optional.

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

If all children in the household are foster children:

- Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: Answering is optional.

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

- Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Cathy Zylinski, 679-8003 ext 103**. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.
 •**Box A.—Name:** List all household members with income.
 •**Box B.—Gross Income and How Often It Was Received:**
 - For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. This information is found on your pay stub or your boss can tell you.
 - For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.
 - Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP or 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 their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answering is optional.

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

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

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

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and **Cathy Zylinski, 679-8003 ext 103**. If not, skip this part.

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

•**Box A.–Name:** List all household members with income.

•**Box B. –Gross Income and How Often It Was Received:**

- For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. This information is found on your pay stub or your boss can tell you.
- For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.
- Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP or 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 their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answering is optional.

PARENT INCOME APPLICATION FOR FREE AND REDUCED PRICE MEAL BENEFITS

Part 1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	NAME OF SCHOOL FOR EACH CHILD OR INDICATE "N/A" IF CHILD IS NOT IN SCHOOL	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)	CHECK IF NO INCOME
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Part 2. SNAP or FANF Benefits

If any member of your household received SNAP or FANF cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ CASE NUMBER: _____

Part 3. Categorical Benefits

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school, homeless liaison or migrant coordinator. Homeless Migrant Runaway

If no category is checked, skip to part 4.

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

A. Name	B. Gross income and how often it was received			
List only household members with income	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
<i>(Example) Jane Smith</i>	(Example) \$200/weekly	(Example) \$150/twice a month	(Example) \$100/monthly	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

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

I certify (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: XXXX - XX - ____ - ____ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Choose one ethnic identity:	Choose one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

SCHOOL USE SECTION

FOR DETERMINING OFFICIAL USE ONLY

****Families DO NOT complete this section.***

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \$_____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: Homeless Migrant Runaway

Income Eligibility: Free Reduced Price Denied

Reason for Denial: _____

Temporary Approval: Free Reduced Price Time Period: _____ (expires after _____ days)

Date Withdrawn from Program (Month/Day/Year): _____/_____/_____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household size	Yearly
1	\$ 14,157.00
2	\$ 19,123.00
3	\$ 24,089.00
4	\$ 29,055.00
5	\$ 34,021.00
6	\$ 38,987.00
7	\$ 43,953.00
8	\$ 48,919.00
Each additional household member add:	\$ 4,966.00

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 the participant 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 Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Financial Aide to Needy Families (FANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Child Nutrition Program.

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."