

2006-07
Letter to Households
Special Milk Program

Exhibit IV
 (use with Exhibit V)

Dear Parent/Guardian:

By completing and signing the front and back of the attached application for free milk, your children may be eligible to receive free milk from the school and free health insurance from the Department of Social and Health Services. Children may buy milk for _____.

Look at the chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, grandparents and all people related or unrelated who live in your home and share living expenses. Do not include foster children. Find your total household income. TOTAL HOUSEHOLD INCOME IS: The income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. Foster children may be eligible for free milk regardless of your income. If you have foster children living with you and want to apply for them, please contact us.

INCOME CHART				WHO SHOULD FILL OUT AN APPLICATION?	
July 1, 2006 to June 30, 2007				If your total household income is the SAME or LESS than the amount on the chart or you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children, fill out the application. Return the application to the school. We will notify you if the application is approved or denied.	
Household Size	Yearly	Monthly	Weekly	WHAT MUST BE ON THE APPLICATION?	
1	\$12,740	\$1,062	\$245	For households not getting Basic Food/TANF/FDPIR:	
2	17,180	1,430	330	<ul style="list-style-type: none"> • Child's name • Names of all household members (Do not include foster children). Complete a separate application for each foster child. • Income by source for all household members (Do not include income received for foster child.) • Social security number of the adult household member who signs the application (or check the "I don't have a Social Security Number" box if the adult signing does not have a social security number). • Adult household member's signature 	
3	21,580	1,799	415	For a family getting Basic Food/TANF/FDPIR:	
4	26,000	2,167	500	<ul style="list-style-type: none"> • Child's name • Basic Food, TANF, or FDPIR case number • Adult household member's signature 	
5	30,420	2,535	585	For a family keeping a foster child:	
6	34,840	2,904	670	<ul style="list-style-type: none"> • Child's name • Child's personal use income • Adult signature 	
7	39,260	3,272	755	The information that you give will be used to determine or prove your child's eligibility for free milk.	
8	43,680	3,640	840		
For each additional member add:	+4,420	+369	+85		

FOR PUBLIC SCHOOL DISTRICTS

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Record Database. Information will include the child's first name, last name, middle initial, and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for free milk if their schools participate in the U. S. Department of Agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free milk program should notify the child(ren)'s school. This download capability will be available to private schools in 2008.

PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send information to prove your child is eligible to receive free milk.

FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with _____, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number _____.

REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, become unemployed, or receive Basic Food, TANF, or FDPIR, you may want to fill out an application at that time.

NONDISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). "USDA is an equal opportunity provider and employer."