

**SCHOOL YEAR 2006-07  
APPLICATION FOR FREE MILK**

**Exhibit V**

**To apply for free milk for your children, complete this application, sign your name, and return the application to school.** If your household receives benefits from Basic Food, TANF, or FDPIR, complete only Parts 1, 4, and 5. If your household does not receive benefits from Basic Food, TANF, or FDPIR, complete Parts 2a, 2b, 4, and 5. If you are applying for free milk for a foster child, complete parts 3, 4, and 5. For assistance please call your child's school and ask for help with the free milk application.

<b>PART 1 LIST CHILDREN OF BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS</b>								
Child's Name FIRST	MI	LAST	Basic Food or TANF (X)	FDPIR (X)	Case Number	School	Room	Grade

<b>PART 2a IF YOU DON'T HAVE BASIC FOOD, TANF, OR FDPIR, LIST CHILDREN HERE</b>							
Child's Name FIRST	MI	LAST	School	Room	Grade	Date of Birth	

<b>PART 2b LIST HOUSEHOLD MEMBERS AND INCOME</b>					
Do not complete this section if you completed Part 1. List the names of <u>EVERYONE</u> living in your household, including yourself and any children listed in Part 2a. Write the amount of income (MONEY BEFORE DEDUCTIONS) each person now gets PER MONTH on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. If income is received other than monthly, use the income conversion chart provided below.					
NAMES of Household Members FIRST MI LAST	Gross MONTHLY Earnings (before deductions)		MONTHLY Welfare Payment, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
1.					
2.					
3.					
4.					
5.					
6.					
7.					

MONTHLY INCOME CONVERSION: Weekly x 4.33; Every Two Weeks x 2.15; Twice a Month x 2

<b>PART 3: LIST FOSTER CHILD: Write "0" if the child has no personal income</b>				
Child's Name	Child's Monthly Personal Use Income	School	Room	Grade

<b>PART 4: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)</b>	
Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other
Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

<b>PART 5: SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS</b>
An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.

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 and federal laws.

Please sign here: X _____		
Signature of Adult Household Member		Date
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER
<input type="checkbox"/> I do not have a Social Security Number.		

**FREE HEALTH INSURANCE OPPORTUNITY**

**Do you need free health insurance for your children?** Please check this box and sign below if you are interested in applying for health coverage including doctor visits, prescriptions, hospital, dental care, eyeglasses and more! *Please do not check the box if you already receive Medicaid and get a monthly DSHS green and white card (coupon).* For more information call 1-877-KIDSNOW (543-7669).

I understand that I will be releasing information that shows that I am applying for free milk benefits under Child Nutrition Programs. For these purposes only, I waive my confidentiality.

Please sign here: X \_\_\_\_\_  
Signature of Parent/Guardian Date

**\*Privacy Act Statement: National School Lunch Act (Section 9)** - requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations. They may include contacting employers to determine income and benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE**

**LEA APPROVAL/DENIAL**

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Monthly Income \$ \_\_\_\_\_ Total Household Size \_\_\_\_\_

**APPLICATION APPROVED FOR:**

- Free Milk

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: \_\_\_\_\_

**TEMPORARY APPROVAL FOR:**

- Free Milk

\_\_\_\_\_ Date Notice Sent

\_\_\_\_\_ Date Temporary Approval Expires

\_\_\_\_\_ Signature of Determining Official

\_\_\_\_\_ Date