

Dear Parent or Guardian:

The Piedmont Unified School District participates in the **Special Milk Program** by offering milk every school day. Students may buy milk for up to \$2.00 each. Eligible students may receive free milk. You or your children do not have to be U.S. citizens to qualify for free milk. If there are more household members than the number of lines on the application, attach a second application..

LETTER TO HOUSEHOLD FOR FREE MILK

Effective July 1, 2021 - June 30, 2022

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$16,744	\$1,396	\$698	\$ 644	\$ 322
2	\$22,645	\$ 1,888	\$ 944	\$ 871	\$ 436
3	\$28,548	\$ 2,379	\$ 1,190	\$ 1,098	\$ 549
4	\$34,450	\$ 2,871	\$ 1,436	\$ 1,325	\$ 663
5	\$40,352	\$ 3,363	\$ 1,682	\$ 1,552	\$ 776
6	\$46,254	\$ 3,885	\$ 1,928	\$ 1,779	\$ 890
7	\$52,156	\$ 4,347	\$ 2,174	\$ 2,006	\$ 1,003
8	\$58,058	\$ 4,839	\$ 2,420	\$ 2,233	\$ 1,117
For each additional family member add	\$ 5,902	\$ 492	\$ 246	\$ 227	\$ 114

QUALIFICATION: Your children may qualify for free milk if your household income falls at or below the federal Income Eligibility Guidelines below.

APPLYING FOR BENEFITS: An application for free milk cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

DIRECT CERTIFICATION: An application is not required if the household receives a notification letter indicating all children are automatically certified for free milk. If you did not receive a letter, please complete an application.

VERIFICATION: School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

WIC PARTICIPANTS: Households that receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, may be eligible for free milk by completing an application.

HOMELESS, MIGRANT, RUNAWAY & HEAD START: Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free milk. Please contact school officials for assistance at (510) 594-2600.

FOSTER CHILD: The legal responsibility must be through a foster care agency or court to qualify for free milk. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free milk.

FAIR HEARING: If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You

also have the right to a fair hearing, which may be requested by calling (510) 594-2600.

ELIGIBILITY CARRYOVER: Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for milk, unless the household receives a notification letter for free milk. School officials are not required to send reminder or expired eligibility notices.

NON-DISCRIMINATION STATEMENT: 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 Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE MILK – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

STEP 1: STUDENT INFORMATION – Include ALL STUDENTS who attend Piedmont Unified School District. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the "Foster" box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete all STEPS of the application.

STEP 2: ASSISTANCE PROGRAMS – If ANY household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are eligible for free milk. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS – Must report GROSS income (before deductions) from ALL household members (children and adults) in whole dollars. Enter "0" for any household member that does not receive income.

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How to Apply for Free Milk

STEP 3 (continued)

- A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.
- B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.
- C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.
- D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "NO SSN" box.

STEP 4: CONTACT INFORMATION & ADULT SIGNATURE – The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES – This field is optional to complete and does not affect your children's eligibility for free milk. Please check the appropriate boxes.

INFORMATION 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 milk. 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 are not required when you list a CalFresh, CalWORKs, or FDPIR case number for your child 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 your child is eligible for free milk, and for administration and enforcement of the program.

QUESTIONS/NEED ASSISTANCE: Please call (510) 594-2600 and ask for Jennifer Stahl.

SUBMIT: Please submit a complete application to your child's school or the nutrition office with Jennifer Stahl at 760 Magnolia Avenue, Piedmont, CA 9461. You will be notified if your application is approved or denied for free milk.

Special Milk Program:
Application for Free Milk
on next page →

School Year 2021-22: Piedmont Unified School District Application for Free Milk: Special Milk Program Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

STEP 1 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free milk.

Print the name of EACH STUDENT (First, Middle Initial, Last) EXAMPLE: Joseph P Adams	Enter school name and grade level		Enter student's birthdate 12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
	Lincoln Elementary	1st		Foster	Homeless	Migrant	Runaway
				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If YES , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the **TOTAL GROSS** income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Total Student Income	How Often
\$	

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List **ALL** household members not listed in STEP 1, **even if they do not receive income**. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

C. Total Household Members (Children and Adults)

D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member

Check the box if **NO SSN**

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: 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 benefits, and I may be prosecuted under applicable state and federal laws.

Signature of adult completing this application:

Print Name:

Date: _____ Phone Number: _____

Mailing Address:

City: _____ State: _____ Zip: _____

E-mail: _____

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Income \$

Total Household Size Eligibility Status: Free Paid (Denied)

Verified as: Homeless Migrant Runaway

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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 milk.

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