



Rocky River City School District

20951 Detroit Road • Rocky River • Ohio • 44116

440.333.6846 • www.rrcs.org

Carol Eubanks, Food Services Manager

2010-2011 Free Milk Program

Dear Parent/Guardian:

The Rocky River City School District offers milk each school day. Children may buy milk for 25¢. Children who qualify can get free milk. If you now receive Food Assistance Program (SNAP, formally known as food stamps) or OWF for your child, your child can receive free milk. If your total household income is the same or less than the amounts on the Federal Income Chart below, your child can receive free milk. A foster child may be eligible to receive free milk regardless of your household income.

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free milk. Use one Free Milk Application for all students in your household. Only Foster Children need to have a separate application. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Ms. Eubanks, 20951 Detroit Rd., Rocky River, Ohio 44116.
2. **Who can get free milk?** Children in households receiving Food Assistance Program (SNAP, formerly the Food Stamp Program) benefits, or Ohio Works First (OWF) benefits and most foster children can get free milk regardless of your income. Also, your children can get free milk if your household income is within the free limits on the Federal Income Guidelines.
3. **Can homeless, runaway and migrant children get free milk?** Please call Ms. Eubanks at 356-6846 to see if your child(ren) qualify, if you have not been informed that they will get free milk.
4. **Should I fill out an application if I got a letter this school year saying my children are approved for free milk?** Please read the letter you got carefully and follow the instructions. Call the school at 356-6846 if you have questions.
5. **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.
6. **Will the information I give be checked?** Yes, we may ask you to send written proof.
7. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP or getting OWF or other benefits. If you lose your job, your children may be able to get free milk.
8. **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: Mr. Blank at 356-6003 / 21600 Center Ridge Rd., Rocky River, Ohio 44116.
9. **May I apply if someone in my household is not a U.S. citizen?** Yes. Neither you nor your child(ren) have to be a U.S. citizen to qualify for free milk.
10. **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, and friends). You must include yourself and all children who live with you.
11. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
12. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call 356-6846.

Sincerely,
Carol Eubanks
Food Service Manager

Rocky River Schools...

Globally Competitive • Exceptional Opportunities • Caring Environment • Successful Students

2010-2011 FREE MILK FEDERAL INCOME CHART

Your children may qualify for free milk if your household income falls within the limits on this chart.

FEDERAL INCOME CHART			
For School Year 2010-2011			
Household size	Yearly	Monthly	Weekly
1	14,079	1,174	271
2	18,941	1,579	365
3	23,803	1,984	458
4	28,665	2,389	552
5	33,527	2,794	645
6	38,389	3,200	739
7	43,251	3,605	832
8	48,113	4,010	926
Each additional person:	4,862	406	94

* SNAP: Food Assistance Program (formerly the Food Stamp Program)

Privacy Act Statement: This explains how we will use the information you give us.

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 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 **Food Assistance Program (SNAP, former Food Stamp Program)**, Ohio Works First (OWF) 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.

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

2010-2011 FREE MILK PROGRAM
INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Food Assistance Program (SNAP, formerly the Food Stamp Program), or gets Ohio Works First (OWF), follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a **10 digit** SNAP (Food Stamp) or OWF case number beside each child's name. Ohio Direction Card Numbers are not acceptable (these are 16 digits in length).

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Check the appropriate box and contact and call Jim Scheer at phone 440-356-6006.

Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

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

Column A–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 living with you. Attach another sheet of paper if you need to.

Column B –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

2010-2011 FREE MILK FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)												
Names of all children in school (First, Middle Initial, Last)	School Building Name	Grade	10-digit Food Assistance Program (SNAP*, formally known as Food Stamps) or OWF case # (if any) for each child. Skip to Part 5 if you list a SNAP* or OWF case #									

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call and call Jim Scheer at phone 440-356-6006. Homeless Migrant Runaway

Part 3. Foster Child
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

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

A. Name (List everyone in household)	B. Gross income and how often it was received				C. Check if NO income
	Example: \$100/monthly	\$100/twice a month	\$100/every other week	\$100/weekly	
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list 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 application is true and that all income is reported. I understand that the school 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 meal benefits, and I may be prosecuted.
Sign here: X _____ Print name: _____ Date: _____
Address: _____ Zip Code: _____ Phone Number: _____
Social Security Number: ____ - ____ - _____ I do not have a Social Security Number

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

<u>Mark one or more racial identities:</u> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other	<u>Mark one ethnic identity:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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Don't fill out this part. This is 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: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free _____ Denied _____ Reason: _____

Temporary: Free _____ Time Period: _____ (expires after ____ days)

Determining/Approval Official's Signature: _____ Date: _____



Dear Parent/Guardian:

The information you give on your annual Free and Reduced-Price School Milk/Meals Application may be shared with other programs for which your child/children may qualify **if it is determined you qualify for the Free or Reduced-Price Program.** In order to qualify for additional district program cost reductions, such as school fees, we must have permission to share your information.

YES, I DO want school officials to share information from my Free and Reduced-Price School Milk/Meals Application with one or more of the following programs:

- ★ Goldwood Primary School General Fees
- ★ Kensington Intermediate School General Fees
- ★ Rocky River Middle School General & Course Fees
- ★ Rocky River High School General & Course Fees

NO, I DO NOT want information from my Free and Reduced-Price School Milk/Meals application shared with any of the programs listed above.



If you checked NO, stop here. You do not have to complete any more of this form. Your information will not be shared. Please sign at the bottom and RETURN THIS FORM with your Free and Reduced-Price Milk/Meals Application.

If you checked YES above, please fill out the form below. Your information will be shared only with the programs you check.

Printed Name of Child _____	Grade _____
<input type="checkbox"/> Goldwood General Fees <input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR Middle School General and Course Fees <input type="checkbox"/> RR High School General and Course Fees

Printed Name of Child _____	Grade _____
<input type="checkbox"/> Goldwood General Fees <input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR Middle School General and Course Fees <input type="checkbox"/> RR High School General and Course Fees

Printed Name of Child _____	Grade _____
<input type="checkbox"/> Goldwood General Fees <input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR Middle School General and Course Fees <input type="checkbox"/> RR High School General and Course Fees

Printed Name of Child _____	Grade _____
<input type="checkbox"/> Goldwood General Fees <input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR Middle School General and Course Fees <input type="checkbox"/> RR High School General and Course Fees

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Address _____

Return this form with your Free and Reduced-Price School Milk/Meals Application to a school office.

For more information, please contact Greg Markus, Treasurer and CFO, at (440) 356-6000.

Food Service Use Only:

. Program Qualification: Free Reduced

. Date: _____

. Initials: _____

Treasurer's Office Use Only:

. Date Received in Treasurer's Office: _____

. Received By: _____

. Date of Data Entry: _____ Initials: _____