

# PANTHER VALLEY SCHOOL DISTRICT

Dear Parent/Guardian:

**Panther Valley School District** serves milk every school day. Your child(ren) may purchase milk for **.10**. Your child(ren) may qualify for free milk.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete one application for all children applying for free milk. *Use one Household Application for the Special Milk Program for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Mary Louise Gauronsky, 570-645-3176 ext 3012.**
2. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all those living in your household, related or not, who share income and expenses.
3. **WHO CAN GET FREE MILK?** All children in households receiving benefits from **[State SNAP]** or **[State TANF]**, can get free milk regardless of your income. Also, your children can get free milk if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
4. **CAN FOSTER CHILDREN GET FREE MILK?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free milk. Any foster child in the household is eligible for free milk regardless of income and should be included on the household application. They are no longer considered a household of one.
5. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED 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 **570-645-3176 ext. 8** if you have questions.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first 30 operating days of this school year. You must send in a new application by **October 7, 2011** unless the school told you that your child has been directly certified for free milk for the new school year.
7. **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.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, and we may also ask you to send written proof.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free milk if the household income drops below the income limit.
10. **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: **Kenneth Marx, Jr. 1 Panther Way, Lansford, PA 18232 or 570-645-3176 ext 3010.**
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free milk.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
14. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
15. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-692-7462 (1-800-451-5886 TDD number for individuals with hearing impairments).**

If you have other questions or need help, call 570-645-3176 ext 3012.

Si necesita ayuda, por favor llame al teléfono: 570-645-3176 ext 3012.

Si vous voudriez d'aide, contactez nous au numero : 570-645-3176 ext 3012.

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

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2011-2012			
Household size	Yearly	Monthly	Weekly
1	\$14,157	\$1,180	\$ 273
2	\$19,123	\$1,594	\$ 368
3	\$24,089	\$2,008	\$ 464
4	\$29,055	\$2,422	\$ 559
5	\$34,021	\$2,836	\$ 655
6	\$38,987	\$3,249	\$ 750
7	\$43,953	\$3,663	\$ 846
8	\$48,919	\$4,077	\$ 941
Each additional person:	+\$4,966	+\$414	+\$96

Sincerely,

**Mary Louise Gauronsky**

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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 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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 milk, 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.

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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."

# INSTRUCTIONS FOR APPLYING

*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

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**IF NO ONE IN YOUR HOUSEHOLD GETS [State SNAP] OR [State TANF] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

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**Part 1:** Skip this part.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator].

**Part 3:** Complete child's name, grade and school the child attends only if a child in your household is eligible under Part 1. Complete entire section if Part 1 was skipped.

**Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

**Part 5:** Answer this question if you choose.

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

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**If all children in the household are foster children:**

**Part 1:** Skip this part.

**Part 2:** Skip this part

**Part 3:** List all foster children and the name of school each child attends. Check the box indicating the child is a foster child. Include the grade of the school aged child.

**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 5:** Answer this question if you choose.

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

**Part 1:** If the household does not have a case number, skip this part.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** 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. Include the income for the household members who have income. Include the grade of the school aged child.
- **Box 2—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. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person got 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, FDPIR, 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 (NET income). 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 4:** 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 5:** Answer this question, if you choose.

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

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**Part 1:** If the household does not have a case number, skip this part.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** 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. Include the grade of the school aged child.
- **Box 2—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. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person got 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, FDPIR, 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 (NET income). This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** 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 5:** Answer this question if you choose.

June 6, 2011

# 2011-2012 HOUSEHOLD APPLICATION FOR THE SPECIAL MILK PROGRAM

**Part 1. BENEFITS:** IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP] OR [State TANF Cash Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 3 AND ONLY fill out the child's name, grade and school the child attends. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [your school, homeless liaison, migrant coordinator] HOMELESS  MIGRANT  RUNAWAY**

**PART 3. TOTAL HOUSEHOLD GROSS INCOME.** You must tell us how much and how often.

1. NAME (List all household members, include grade of school aged child)	Check if a foster child (legal responsibility of welfare agency or court) <input type="checkbox"/>	Name of School child attends	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				Check if NO income <input type="checkbox"/>
			Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income	
(Example) Jane Smith	<input type="checkbox"/>		\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly	<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 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must 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 Parent/Guardian letter.)

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: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last four digits of Social Security Number: \* \* \* \* - \_ \_ \_ \_  I do not have a Social Security Number

**PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity: Choose one or more (regardless of ethnicity):

Hispanic/Latino  Not Hispanic/Latino  Asian  American Indian or Alaska Native  Black or African American  White  Native Hawaiian or Other Pacific

**DO NOT 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, Reduced, Denied Reason: \_\_\_\_\_

Temporary: Free, Reduced Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature (cannot be the Determining Official): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Employee Completing Verification: \_\_\_\_\_ Date: \_\_\_\_\_

## SHARING INFORMATION WITH MEDICAID/SCHIP

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Dear Parent/Guardian:

If your children get free milk, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SCHIP that your children are eligible for free milk, unless you tell us not to.* Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Household Application for the Special Milk Program does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free milk).

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**No! I DO NOT** want information from my Household Application for the Special Milk Program shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Household Application for the Special Milk Program may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free milk.

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- Yes! I **DO** want school officials to share information from my Household Application for the Special Milk Program with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Household Application for the Special Milk Program with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Household Application for the Special Milk Program with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.