

**Special Milk Program  
2024-25 Letter to Households**

Dear Parent/Guardian:

By completing the attached application for free milk, your children may be eligible to receive free milk from the school. 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. You may include foster children that are the legal responsibility of a foster care agency or court. Find your total household income. TOTAL HOUSEHOLD INCOME IS the income all household members currently earns before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. Foster children are eligible for free milk regardless of your income.

**FREE**

July 1, 2024 – June 30, 2025

<b>Household Size</b>	<b>Annual<sup>1</sup></b>	<b>Monthly<sup>2</sup></b>	<b>Twice Per Month<sup>3</sup></b>	<b>Every Two Weeks<sup>4</sup></b>	<b>Weekly<sup>5</sup></b>
1	\$19,578	\$1,632	\$816	\$753	\$377
2	\$26,572	\$2,215	\$1,108	\$1,022	\$511
3	\$33,566	\$2,798	\$1,399	\$1,291	\$646
4	\$40,560	\$3,380	\$1,690	\$1,560	\$780
5	\$47,554	\$3,963	\$1,982	\$1,829	\$915
6	\$54,548	\$4,546	\$2,273	\$2,098	\$1,049
7	\$61,542	\$5,129	\$2,565	\$2,367	\$1,184
8	\$68,536	\$5,712	\$2,856	\$2,636	\$1,318
For each additional family member, add:	\$6,994	\$583	\$292	\$269	\$135

**WHO SHOULD FILL OUT AN APPLICATION?**

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.

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**WHAT MUST BE ON THE APPLICATION?**

**For households not getting Basic Food/TANF/FDPIR:**

- Student's name
- Last 4 digits of the social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number)
- Names of all household members
- Income by source for all household members
- Adult household member's signature

**For a family getting Basic Food/TANF/FDPIR:**

- Student's name
- Basic Food, TANF, or FDPIR case number
- Adult household member's signature

**For a family keeping a foster child:**

- Student's name
- Adult household member's signature
- OR – include foster child(ren) on your household application.

The information that you give will be used to determine or prove your child's eligibility for free milk.

**HEALTH COVERAGE**

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633, or TTY 1-855-627-9604.

**DO MY CHILDREN AUTOMATICALLY QUALIFY IF THEY HAVE A CASE NUMBER?**

Yes, children receiving TANF, Basic Food, or certain Medicaid benefits may get free milk without the household having to complete an application. These children are identified by the school using a data matching process. The matched list is made available to your child's school food service staff. If you feel your children should be receiving free milk and are not, please contact the school.

**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.

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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