

Dear Milk Fund Applicant,

The Board of Directors of Milk Fund, Inc. has established the following criteria for Milk Fund eligibility for 2024

The categories are listed in order of priority:

1. **Children** of working low income families.
2. **Children** of low income families where the wage earner is recently unemployed
3. **Elderly (age 60 and older)**, with health or nutritional needs.

Please complete **all information on both sides** of the application form and return it, **with proof of income**, and copies of Birth Certificates of your children. Incomplete applications will not be processed and will be sent back to you.

Examples of proof of income may include one of the following:

Copies of the last few pay stubs

Copy of a benefit check for Unemployment, Social Security, SSI, and SSDI.

Copy of bank statement if you have direct deposit

You may mail your completed application to:

Community Care Alliance

Attention: MILK FUND

PO BOX 1700 Woonsocket, RI 02895

with a **non-returnable** copy of your proof of income, or you may stop in at Community Care Alliance at 245 Main St with your application. We are open Monday through Friday from 8:30 a.m. to 4:30 p.m. **Please bring proof of income and birth certificates of your children with you. We will make a copy of it at that time.**

If you have been accepted into the program for 2024 vouchers will be mailed to you. Benefits are not guaranteed to those who are accepted. Benefits will continue as long as there is enough money available to provide the benefit.

Do you receive?

Income from Work **Yes No**

Unemployment **Yes No**

RIWP (TANF) FIP Payments **Yes No**

Social Security **Yes No**

Income from Owning Property **Yes No**

SSI Payments **Yes No**

Other _____ **Yes No**

SSDI Payments **Yes No**

Please specify other:

GPA Payments **Yes No**

What is the total of your monthly **household** income: \$ _____

Does anyone in your household have a medical condition that requires supplemental milk?

YES

NO

If Yes, Please provide more information

Name _____

Condition _____

I give my permission for Community Care Alliance representatives to discuss my case with whomever it is necessary to ensure the accuracy of the information I have provided. This release expires upon my termination from the Milk Fund.

Benefits are not guaranteed to all who are accepted. I understand that benefits are subject to the availability of funds to pay for the program. If you have any questions, please call Community Care Alliance at 401-235-7000

Signature: _____ Date: _____

Eligibility requirements and priorities established by the Board of Directors of Milk Fund, Inc. for the 2024 year are:

1. Children of working low-income families.
2. Children of low-income families where the wage earner is recently unemployed or family member is deployed in the military.
3. Elderly (age 60 and older), with health or nutritional needs.

¿Recibes :

Ingresos del Trabajo	Sí	No			
Desempleo	Sí	No	Pagos RIWP(TANF)FIP	Sí	No
Seguro Social	Si	No	Ingresos por poseer una propiedad	Sí	No
SSI Pagos	Sí	No	Otro _____	Si	no
Pagos de SSDI	Sí	No	Especifique Otro:		
Pagos de GPA	Sí	No			

¿Cuál es el total de los ingresos mensuales de su **hogar** : \$ _____

¿Alguien en su hogar tiene una condición médica que requiere leche suplementaria?

SI **NO**

En caso afirmativo, proporcione más información

Nombre _____ Condición _____

Doy mi permiso para que los representantes de Community Care Alliance analicen mi caso con quien sea necesario para garantizar la exactitud de la información que he proporcionado. Este descargo vence al momento de mi terminación del Milk Fund.

Los beneficios no están garantizados para todos los que son aceptados. Entiendo que los beneficios están sujetos a la disponibilidad de fondos para pagar el programa. Si tiene alguna pregunta, llame a Community Care Alliance al 401-235-7000

Firma: _____ Fecha: _____

Los requisitos de elegibilidad y las prioridades establecidas por la Junta Directiva de Milk Fund, Inc. para el año 2024 son:

1. Hijos de familias trabajadoras de bajos ingresos.
2. Hijos de familias de bajos ingresos donde el asalariado esté recientemente desempleado. O un miembro de la familia está desplegado en el ejército.
3. Ancianos (mayores de 60 años), con necesidades de salud o nutricionales.