**Confirm Your Eligibility for Free/Reduced Price Meals**

**<<insert date>>**

Dear **<<insert name of parent/guardian>>**,

Your application was approved a little while ago, and your child(ren) (listed below) should already be receiving free or reduced price meals.

**<< insert list of students in household >>**

**However,** **there is one last step you need to take** – **please send us documents to confirm your eligibility.** Each year we select different meal applications to confirm eligibility. This year, your household was selected.

**You must send us the information by <<insert date>>, or your children will stop receiving free or reduced price meals.**

Please send a Certification Notice for the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits, or documents that show your household income, for example, paycheck stubs, benefits statements, and/or copies of checks. The back side of this letter has more information about what to send and how to send it.

For questions or help, please contact **<<insert name>>** at the toll free number **<<insert phone number (xxx)-xxx-xxxx>>** or by email at **<<insert email>>**.

Sincerely,

***<<insert signature>>***

**<<insert name>>**

**<<insert job title>>**

**<<insert school district name>>**

**How to Show Eligibility for Free or Reduced Price Meals**

**Please provide the following information. All documents can be dated from <<insert the month before the application was filled out>>, or any month since. Include a copy of this letter when you send your documents.**

**Were you or someone in your household receiving benefits from SNAP or TANF at the time of application, or any time since?**

**IF YES,**please send us your SNAP or TANF Certification Notice that shows dates of certification. OR, you can send a letter from the SNAP or TANF office that shows dates of certification. **Do not send your EBT card.**

If you send us one of the above documents, you are DONE. You do NOT need to send anything else.

**IF NO,** please read the following options and follow the instructions if they apply to you:

1. **Your child is homeless, migrant or runaway:** Contact **<<insert school, homeless liaison, or migrant coordinator>>** at **<<insert phone number (xxx)-xxx-xxxx or e-mail>>** for help.
2. **Your child is a foster child:** Senddocumentation that verifies your child is the legal responsibility of the agency or court. OR, provide the name and contact information for a person at the agency or court who can verify your child’s foster status.
3. **Your child is not covered by 1 or 2:**Return this letter along with documentation of your household’s sources of income for either the month before application, or any month since. Acceptable documents are listed below. The document(s) must show:
* **Name** of person who received the income;
* **Date** received;
* **Amount** received; and
* **How** **often** it was received.

**Acceptable Documents for Showing Household Income**

* **Jobs**: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
* **Social Security, Pensions, or Retirement**: Social Security retirement benefit letter, statement of benefits received, or pension award notice.
* **Unemployment, Disability, or Worker’s Compensation**: Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation office.
* **Welfare Payments**: Benefit letter from the TANF office.
* **Child Support or Alimony**: Court decree, agreement, or copies of checks received.
* **All Other Income (Such as Rental Income)**: Information that shows the amount of the income, name of the person who received the income, the date it was received, and how often it was received.
* **Military Housing Privatization Initiative**: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

**If you do not have income,** please send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income**.**

**If you work on a seasonal basis**, call us and we will help you figure out what to send.

**Send this information using any of the following methods:**

* Take pictures of the requested documents with your phone/camera and email them to **<<insert e-mail>>**. Be sure to include a photo of this letter, OR the name(s) of the your child(ren) that attend **<<insert school district>>** in the email message.
* Mail documents along with this letter to **<<insert address>>** using the envelope provided. If possible, send copies rather than original documents. You may also fax documents to **<<insert phone number (xxx)xxx-xxxx>>**.
* Come in person to the office located at **<<insert address>>** to drop off the documents. Bring this letter with you.

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children’s eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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, audiotape, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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](http://mailto:program.intake@usda.gov/)

This institution is an equal opportunity provider.