**EFFECTIVE 7-1-2023**

Free and Reduced Price School Meals Application and Verification Forms

##### School Year 2023-2024

##### Instructions for School Food Authorities (SFAs)

This packet contains:

**Required** information that *must* be provided to households:

* Notice of Direct Certification Benefits (based on data received from Direct Certification/Verification System)
* Letter to Households
* Free and Reduced Price School Meals Application
* Notice to Households of Approval/Denial of Benefits1 (notification is required if household is denied)

**Required** information for households selected for verification of eligibility information materials:

* Notification of Selection for Verification of Eligibility
* Letter of Verification Results

**Optional** application-related materials that *may* be provided to households:

* Sharing Information with Medicaid/SCHIP
* Sharing Information with Other Programs
* Notice to Households of Approval/Denial of Benefits1 (notification is optional if household is approved)

The pages are designed to be printed on 8½” by 11” paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. **[Bold bracketed fields]** indicate where you need to insert School Food Authority (SFA) specific information. For example, you must include your SFA’s no-charge telephone number for verification assistance on the verification materials. This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your SFA, please modify as appropriate.

**All application packages with or without additional changes, must be submitted to your State agency for approval. If you have questions, contact:**

**NC Department of Public Instruction**

**Office of School Nutrition**

**301 N. Wilmington Street**

**6324 Mail Services Center**

**Raleigh, NC 27699-6324**

**(984) 236-2910**

1All households must be notified of their eligibility status. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, instruction on how to appeal, and a statement that the family may re-apply for free and reduced price meal benefits at any time during the school year. Households with children who are approved for free or reduced price benefits may be notified in writing or orally. Oral notification must be documented.

# NOTICE OF DIRECT CERTIFICATION

**[School Food Authority Name**

**Street Address**

**City, State, Zip - or Letterhead]**

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive Food and Nutrition Services (FNS, formerly known as Food Stamps), Work First (formerly known as Temporary Assistance for Needy Families or TANF), **or** **Medicaid benefits through the Department of Health and Human Services**. **An application does not need to be submitted for your household.**

|  |  |
| --- | --- |
| Name of Student(s) | School |
|  |  |
|  |  |
|  |  |
|  |  |

If there are other children in your household who aren’t listed above***, they also qualify for free meals.***

Please contact the school your child/children attend in the following situations:

* If there are other children in your household who are not listed above and you would like them to receive free meals at school
* You do not want your children to have free meals
* You have any additional questions

**[Name]**

**[Phone number]**

**[E-mail address]**

Parent/Guardian Signature:

***Important Message to Parents:***  Most students that are eligible for Free school meals also qualify for one of NC's child health insurance programs, Health Check (Medicaid for Children) or NC Health Choice (CHIP). For more information and to find out how to apply for health insurance benefits for your child(ren), go to https://epass.nc.gov. You may also go to your local department of social services to apply in person.

Sincerely,

**[Name of School Nutrition Administrator]**

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/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

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# NOTICE OF DIRECT CERTIFICATION – MEDICAID REDUCED

**[School Food Authority Name**

**Street Address**

**City, State, Zip - or Letterhead]**

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive reduced-price lunches, breakfasts, and snacks at school because they receive Medicaid benefits through the Department of Health and Human Services. The reduced price cost for meals are $.40 for lunch and $. for breakfast**. An application does not need to be submitted for your household.**

|  |  |
| --- | --- |
| Name of Student(s) | School |
|  |  |
|  |  |
|  |  |
|  |  |

If there are other children in your household who aren’t listed above***, they also qualify for reduced-price meals.***

Please contact the school your child/children attend in the following situations:

* If there are other children in your household who are not listed above and you would like them to receive reduced-price meals at school
* You do not want your children to have reduced-price meals
* You have any additional questions

**[Name]**

**[Phone number]**

**[E-mail address]**

Parent/Guardian Signature:

***Important Message to Parents:***  Most students that are eligible for Free school meals also qualify for one of NC's child health insurance programs, Health Check (Medicaid for Children) or NC Health Choice (CHIP). For more information and to find out how to apply for health insurance benefits for your child(ren), go to https://epass.nc.gov. You may also go to your local department of social services to apply in person.

Sincerely,

**[Name of School Nutrition Administrator]**

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**FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS**

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District]** offers healthy meals every school day. Breakfast costs **[$]**; lunch costs **[$]**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is**[$]** for breakfast and **[$]**for lunch. This packet includes an application for free or reduced price meal benefits with instructions on the application. Below are some common questions and answers to help you with the application process.

1. Who can get free OR REDUCED PRICE meals?
	* All children in households receiving benefits from **Food and Nutrition Services (FNS, formerly known as Food Stamps), the Food Distribution Program on Indian Reservations (FDPIR)** or **Work First Cash Assistance (formerly Temporary Assistance for Needy Families or TANF)**, are eligible for free meals.
	* Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
	* Children participating in their school’s Federally-funded Head Start program are eligible for free meals.
	* Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
	* Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

|  |
| --- |
| **FEDERAL INCOME CHART**Effective For School Year July 1, 2023 - June 30, 2024 |
| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1  | 26,973 | 2,248 | 1,124 | 1,038 | 519 |
| 2  | 36,482 | 3,041 | 1,521 | 1,404 | 702 |
| 3  | 45,991 | 3,833 | 1,917 | 1,769 | 885 |
| 4  | 55,500 | 4,625 | 2,313 | 2,135 | 1,068 |
| 5  | 65,009 | 5,418 | 2,709 | 2,501 | 1,251 |
| 6  | 74,518 | 6,210 | 3,105 | 2,867 | 1,434 |
| 7  | 84,027 | 7,003 | 3,502 | 3,232 | 1,616 |
| 8  | 93,536 | 7,795 | 3,898 | 3,598 | 1,799 |
| Each additional person | 9,509 | 793 | 397 | 366 | 183 |

1. HOW DO I KNOW IF MY CHILDREN QUALIFY AS homeless, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator name, email address, phone number].**
2. Do I need to fill out an application for each child? No. *Use* *one Free and Reduced Price School Meals Application 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: **[name, address, phone number]**.
3. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[name, address, phone number, e-mail]** immediately.
4. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [**website**] to begin or to learn more about the online application process. Contact [**name, address, phone number, e-mail]** if you have any questions about the online application.
5. MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child’s application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
7. Will the information I give be checked? Yes. We may also ask you to send written proof of the household income you report.
8. 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 and reduced price meals if the household income drops below the income limit.
9. 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: **[name, address, phone number, e-mail]***.*
10. May I apply if someone in my household is not a U.S. citizen?Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. 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.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. We are in the military. do we REPORT OUR INCOME DIFFERENTLY?Your basic pay and cash bonuses must be reported as income. Ifyou get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN’T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. **Contact** **[name, address, phone number, e-mail]** to receive a second application.
15. My family needs more help. Are there other programs we might apply for? To find out how to apply for **Food and Nutrition Services (FNS, formerly Food Stamps)** or other assistance benefits, contact your local assistance office or call **The Careline at 1-800-662-7030**.

If you have other questions or need help, call **[phone number]***.*

Sincerely,

 **[signature]**

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 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 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.

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Application

See File:

23-24\_ncf&r-app.doc

# SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, 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 or reduced price meals, **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 Free and Reduced Price School Meals Application 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 or reduced price meals).

* **No! I** **DO NOT** want information from my Free and Reduced Price School Meals Application 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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].**

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# 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/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:

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# fax: (833) 256-1665 or (202) 690-7442; or

# email: Program.Intake@usda.gov

#

# This institution is an equal opportunity provider.

# SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application 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 or reduced price meals.**

* No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.
* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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# fax: (833) 256-1665 or (202) 690-7442; or

# email: Program.Intake@usda.gov

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#

**NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS**

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your application was:

* Approved for free meals
* Approved for reduced price meals at $ \_\_\_\_\_\_\_\_\_\_ for lunch, $ \_\_\_\_\_\_\_for breakfast, and $ \_\_\_\_\_\_\_\_\_\_\_\_ for snacks
* Denied for the following reason(s):
	+ Income over the allowable amount
	+ Incomplete application because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not agree with the decision, you may discuss it with **[school official’s name]** at **[phone number]** or at **[e-mail address]**.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following hearing official:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

**[signature]**

Name Title Date

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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

This institution is an equal opportunity provider.

# WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact **[name]** by **[date],** or your children will stop getting free or reduced price meals.

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)][is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. If you were receiving benefits from **Food and Nutrition Services, Formerly The Food Stamp Program, OR Work First Cash Assistance (formerly Temporary Assistance for Needy Families or TANF)** when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

* **Food and Nutrition Services, Formerly The Food Stamp Program** or Work First Cash Assistance **(formerly Temporary Assistance for Needy Families or TANF)** Certification Notice that shows dates of certification.
* Letter from **Food and Nutrition Services, Formerly The Food Stamp Program** or Work First Cash Assistance/**TANF** office that shows dates of certification.
* Do not send your EBT card.

2. If you get this letter for a homeless, migrant, or runaway child, please contact **[school, homeless liaison, or migrant coordinator NAME, Email address, phone number]** for help.

3. If the child is a Foster Child:

Provide written documentation that verifies the 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 that the child is a foster child.

4. If no one in your household receiveS Food and Nutrition Services (FNS, formerly the Food Stamp Program) or Work First Cash Assistance (formerly TANF) or FDPIRbenefits:

 Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address]**

Acceptable papers include:

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 Comp: Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation’s office.

Welfare Payments: Benefit letter from the Work First Cash Assistance (formerly **TANF)** office.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other income (such as rental income):Information that shows the amount of income received, how often it is received, and the date received.

No income: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

Timeframe of Acceptable Income Documentation: Please submit proof of one month’s income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free**. [Toll free or reverse charge explanation]**. **You may also e-mail us at [e-mail address].**

Sincerely,

**[signature]**

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. 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.

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

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**WE HAVE CHECKED YOUR APPLICATION**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

* Your child(ren)’s eligibility has not changed.
* Starting **[date]**, your child(ren)’s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
* Starting **[date]**, your child(ren)’s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[$]** for lunch and **[$]** for breakfast.
* Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price mealsfor the following reason(s):

\_\_\_ Records show that no one in your household received **Food and Nutrition Services, formerly The Food Stamp Program** or Work First Cash Assistance (formerly **TANF)** benefits.

\_\_\_ Records show that the child(ren) is/are not homeless, runaway, foster child(ren) or

 migrant.

\_\_\_ Your income is over the limit for free or reduced price meals.

\_\_\_ You did not provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ You did not respond to our request.

Meals cost **[$]** for lunch and **[$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received FNS, Work First Cash Assistance (formerly TANF) benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number], or [e-mail].**

Sincerely,

**[signature]**

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