**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.**

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| --- | --- |
| Name of Student(s) | School |
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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 USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](https://www.usda.gov/sites/default/files/documents/ad-3027.pdf), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

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