Update to Adobe Reader 9 prior to starting form. Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

Sample Letter to the Supplemental Nutrition Assistance program (SNAP)/Temporary Assistance to Needy Families (TANF) Programs From the School Food Authority

Date: _____

To Whom It May Concern:

The federal regulations for the National School Lunch Program, SNAP and TANF programs permit local SNAP and TANF offices to release eligibility information to administrators of the National School Lunch and Breakfast Programs to ensure that only eligible children receive free meal benefits.

The receipt of SNAP or TANF automatically qualifies a child for free school meals. Enclosed is a listing of name(s) and SNAP or TANF case number(s) for applicants who have been selected for verification. On the enclosed listing, please indicate if the children listed participated in the SNAP and/or the TANF program by giving the date the child's participation in SNAP or TANF began and if applicable, the date the child's participation was terminated. If not terminated, then the SNAP/TANF official should indicate the child's benefits are still current. This information will be used only to confirm the approved applicant's eligibility for free meals benefits.

Your prompt return of this listing will be appreciated. We ask that you return the attached listing no later than _____. A self-addressed return envelope is also enclosed for your convenience or this
Date–Recommend 10 Operating Days
information may be faxed to the school at _____.
School Fax Number

If you have any questions or need additional information, please contact _____ at
Name of School Official
_____.
Telephone Number (include Area Code)

Sincerely,

_____ _____
Signature Title

Enclosure

DIRECT VERIFICATION of
Supplemental Nutrition Assistance Program (SNAP)
or Temporary Assistance to Needy Families (TANF) Recipients.

CHILD'S NAME Last, first, and middle initial (if they have one)	SNAP or TANF Case ID Number	Date Approved to Begin	Date Terminated (if applicable)

_____ _____ _____
Signature Title Date

_____
Street Address City State Zip Code

_____
Telephone (Include Area Code)

Print Reset Form