

Date: _____

Dear Parent/Guardian:

Each student identified below is automatically approved for free school meals for the current school year based on your eligibility for Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF).

Name of Student	Grade	School Name

Please **do not** fill out a Household Eligibility Application for free or reduced price meals for the students listed above. This student(s) will receive free meals unless you notify us that you do not want to receive these benefits. **If you do not want your child to receive free meal benefits** please completely fill out the information below and return to the school office no later than _____. (Insert Date)

If you have student(s) in your household who are not listed above, you can apply for free or reduced price school meals for those students by completing a Household Eligibility Application available at school.

I DO NOT want my child(ren), as listed above, to receive free meal benefits.

Date

Signature of Parent or Guardian

Sharing Information with All Kids

I DO NOT want eligibility information of my children, as listed above, shared with All Kids.

Date

Signature of Parent or Guardian

If any of the information listed above is incorrect, or you have any questions, please contact this office at (_____) _____.

Sincerely,

Name

Title

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.