

We Must Verify Your Application

Date: _____

Dear _____,

We are checking your Household Eligibility 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 the child(ren) is/are eligible.

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)

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

You must send the information we need, or contact _____ by _____ or your child(ren) will stop getting free or reduced-price meals.
(Name) (Date)

1. **If you were getting SNAP 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:**
 - SNAP or TANF Certification Notice that shows dates of certification.
 - Letter from SNAP or Welfare Office that says you have received SNAP or TANF, and dates of certification.
 - Copy of the Illinois Department of Human Services medical card with appropriate SNAP or TANF case identification number, and dates of certification.
2. **If you get this letter for a homeless, migrant, runaway child, or Head Start please contact _____ for help.**
(School, Homeless Liaison, or Migrant Coordinator)
3. **If the child is a foster child:** Send us official documentation from the agency sponsoring the child.
4. **If you do not get SNAP or TANF for your child(ren):**

A. Write name of each adult household member below.

NAME (First and Last)	NAME (First and Last)

(Use reverse side if necessary.)

B. Send this page along with papers that show the amount of money your household receives 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:**

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 they are paid; or 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 Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

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 your housing is part of the Military Housing Privatization Initiative.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time you applied for benefits. You may submit papers for any time in between one month prior to application date, and the time the household is required to provide income documentation.

If you have questions or need help, please call _____ at _____ The call is free.
(Name) (Telephone Number)

Sincerely,

Privacy Act Information: The Richard B. Russell School Lunch Act requires this information. You do not have to give the information, but if you do not, we cannot verify your child's eligibility 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.** "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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."