

Extending SNAP/TANF/Income Eligible Medicaid Eligibility (Categorical Eligibility) to ALL Children in a Household to Receive Free or Reduced-Price Meal/Milk Benefits

This form should be used by a Local Education Agency (LEA) to document the extension of free or reduced-price meal/milk benefits to all children in the same household due to the receipt of SNAP/TANF/Income Eligible Medicaid benefits within the household.

Receipt of SNAP/TANF/Income Eligible Medicaid benefits by any household member (adult or child) provides free or reduced-price meal/milk benefits to all children within the household under rules by the USDA for categorically eligible benefits. The LEA, to the extent possible, must extend eligibility for free or reduced-price meals to all children in what would be considered a household for the purposes of applying for free or reduced-price meals or free milk.

Please include all of the information identified below. Such documentation must be maintained to support the Claim for Reimbursement and must be maintained for three years plus the current year.

Name of Household Member Receiving SNAP/TANF/Income Eligible Medicaid Benefits: _____

SNAP/TANF/Medicaid Case Identification Number (if known): _____

Date of Documentation: _____ School Attending: _____

Type of Documentation: Direct Certification Report Enrollment Records of the School Eligibility: Free Reduced-Price
 Household Contact Other (Please identify) _____

The child(ren) listed below is/are member of the household and free or reduced-price meal or milk benefits will be extended to them.

Name of Child	School Attending
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Signature of Determining Official

Date

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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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