

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

This form should be used by a Local Education Agency (LEA) to document the extension of free 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 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 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
 Household Contact Other (Please identify) _____

The child(ren) listed below is/are member of the household and free 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

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, 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, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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