

# SAMPLE NOTIFICATION LETTER - DIRECT CERTIFICATION

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), Temporary Assistance to Needy Families (TANF), Income Eligible Medicaid or Foster Child status.

Name of Student	Grade	Assistance Source	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 in the box 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, please contact this office at the telephone number provided below at your earliest convenience.** A Household Eligibility Application is NOT needed; free meal benefits will be extended to all children residing in the same household except foster child status is for the foster child only.

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

\_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_.

\_\_\_\_\_

Name Title

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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](mailto:program.intake@usda.gov).

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