

We Must Verify Your Application

Date: _____

Dear _____:

We have previously contacted you regarding 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)

Use reverse side if necessary

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.

2. 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.

3. If you choose not to comply with our request for verification of materials, you can inform the school by:

1) Signing and dating below, and returning form to school.

(Adult Household Member Signature) (Date)

2) Or by calling _____ at _____
(Name) (Telephone W/Area Code)

Households that choose not to comply OR fail to comply with verification request will be changed to paid status.

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.

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. If you do not have this information, you may submit papers from time of application up to time of verification.

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

Sincerely,

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement: 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, audiotope, 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/ad-3027.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. This institution is an equal opportunity provider.