**FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS**

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District and Address]** offers healthy meals every school day. Breakfast costs **[$]**; lunch costs **[$]**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **[$]** for breakfast and **[$]** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. Who can get free OR REDUCED PRICE meals?
	1. All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)]** or **[State TANF]**, are eligible for free meals.
	2. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
	3. Children participating in their school’s Head Start program are eligible for free meals.
	4. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
	5. Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

**FEDERAL ELIGIBILITY INCOME CHART For School Year 2022-2023**

| Household size | Yearly | Monthly | Weekly |
| --- | --- | --- | --- |
| 1 | **31,432** | **2,620** | **605** |
| 2 | **42,347** | **3,529** | **815** |
| 3 | **53,262** | **4,439** | **1,025** |
| 4 | **64,177** | **5,349** | **1,235** |
| 5 | **75,092** | **6,258** | **1,445** |
| 6 | **86,007** | **7,168** | **1,654** |
| 7 | **96,922** | **8,077** | **1,864** |
| 8 | **107,837** | **8,987** | **2,074** |
| Each additional person: | **10,915** | **910** | **210** |

2. hOW dO i kNOW IF MY CHILDREN QUALIFY AS homeless, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator].**

3. Do I need to fill out an application for each child? No. *Use* one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, phone number]**.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[name, address, phone number, e-mail]** immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[website]** to begin or to learn more about the online application process. Contact **[name, address, phone number, e-mail] if you have any questions about the online application.**

6. MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child’s application is only good for that school year and for the first few days of this school year, through **[date]**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals , your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

8. Will the information I give be checked? Yes. We may also ask you to send written proof of the household income you report.

9. If I don’t qualify now, may I apply later?Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

10. What if I disagree with the school’s decision about my application?You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number, e-mail]**.

11. May I apply if someone in my household is not a U.S. citizen?Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

12. What if my income is not always the same?List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. We are in the military. do we REPORT OUR INCOME DIFFERENTLY?Your basic pay and cash bonuses must be reported as income. Ifyou get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN’T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **[name, address, phone number, e-mail] to receive a second application.**

16. My family needs more help. Are there other programs we might apply for? To find out how to apply for **[State SNAP]** or other assistance benefits, contact your local assistance office or call **[State hotline number]**.

If you have other questions or need help, call **[phone number]**.

Sincerely,

 **[signature]**

**Instructions for Applying for Free and Reduced Price School Meals**

##### **A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.**

# **If your household receives benefits from [food stamps/state SNAP] or [State TANF] or [FDPIR] Follow these instructions:**

Part 1: List ALL Household Members who are infants, children, and students up to and including grade 12.

Part 2: List the case number for any household member (including adults) receiving **[State SNAP]** or **[State TANF]** or **[FDPIR]** benefits.

Part 3: Skip this part.

Part 4: Indicate the number of household member receiving a ***PFD****.* Indicate **Total Household Members,** last four digits, Social Security Number are not necessary.

Part 5: Adult household member must sign the form.

Part 6: We are required to ask for information about your children’s race and ethnicity. This information is important and

helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals.

**If no one in your household gets [food stamps/state SNAP] or [state TANF] benefits and if any child in your household is homeless, a migrant, runaway, or in Head Start follow these instructions:**

Part 1: List ALL Household Members who are infants, children, and students up to and including grade 12.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **[your school, homeless liaison, migrant coordinator, Head Start coordinator].**

Part 4: Indicate the number of household member receiving a ***PFD****.* Indicate **Total Household Members.** Complete only if a child in your household isn’t eligible under Part 3. See instructions for All Other Households. The last four digits of a Social Security Number are not necessary.

Part 5: Adult household member must sign the form.

Part 6: We are required to ask for information about your children’s race and ethnicity. This information is important and

helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals.

**If you are applying for a foster child, follow these instructions:**

If all members in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Indicate **Total Household Members.** Indicate the number of household member receiving a ***PFD***. The last four digits of a Social Security Number are not necessary.

Part 5: Adult household member must sign the form.

Part 6: We are required to ask for information about your children’s race and ethnicity. This information is important and

helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals.

If some of the children in the household are foster children:

Part 1: List ALL Household Members who are infants, children, and students up to and including grade 12.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, runaway, or Head Start check the appropriate box and call **[your school, homeless liaison, migrant coordinator, Head Start coordinator].** If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

* **Box 1–Name:** Indicate the number of household member receiving a ***PFD***. List all household members with income. Check the box for each household member that has been approved for and will receive a PFD this year and/or next year.
* **Box 2** –**Gross Income and How Often It Was Received:** Please report Income in Whole Dollars when possible. For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. *If they do not receive income from any source, write ‘0’. If you enter ‘0’ or leave any ﬁelds blank, you are certifying (promising) that there is no income to report.*
* Indicate **Total Household Members.**
* Last four digits of Social Security Number of Primary Wage Earner or Other Adult Household Member (or mark the box if s/he doesn’t have one).

Part 5: Adult household member must sign the form.

Part 6: We are required to ask for information about your children’s race and ethnicity. This information is important and

helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals.

All other households, including WIC households, follow these instructions:

Part 1: List ALL Household Members who are infants, children, and students up to and including grade 12.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **[your school, homeless liaison, migrant coordinator, or Head Start coordinator].** If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

* **Box 1–Name:** Indicate the number of household member receiving a ***PFD***. List all household members.
* **Box 2** –**Gross Income and How Often It Was Received:** Please report Income in Whole Dollars when possible. For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. *If they do not receive income from any source, write ‘0’. If you enter ‘0’ or leave any ﬁelds blank, you are certifying (promising) that there is no income to report.*
* Indicate **Total Household Members.**
* Last four digits of Social Security Number of Primary Wage Earner or Other Adult Household Member (or mark the box if s/he doesn’t have one).

Part 5: Adult household member must sign the form.

Part 6: We are required to ask for information about your children’s race and ethnicity. This information is important and

helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your

children’s eligibility for free or reduced price meals.

**2022-2023 Free and Reduced Price School Meal Family Application**

|  |
| --- |
| **PART 1. All Household members who are infants, children, and students up to and including grade 12.**\**If* ***ALL*** *children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.* |
| Names of **ALL** Children *(infants, children, and students up to and including grade 12.)* **First, Middle Initial, Last** | School Name for Each Child | Grade | Foster Child |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **PART 2. Benefits** If any member of your household receives **[State SNAP], [FDPIR]** or **[State TANF], provide the name and case number for the person who receives benefits and skip to Part 5. *If NO ONE receives these benefits*, skip to Part 3.****Name: Case Number:**  |
| **PART 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **[Phone number of your school, homeless liaison, migrant coordinator, and Head Start coordinator.]**homeless❑ migrant❑ runaway❑ Head Start ❑  |
|  **PART 4. Total Household Gross Income. *You must tell us how much and how often.*** |
| **Alaska Permanent Fund Dividend (PFD)***Enter the number of* ***ALL household members*** *who* ***QUALIFY*** *for PFD’s even if part or all the check was garnished.*Issued October 2021: \_\_\_\_\_\_ **PRIOR** to 1/1/23Issued October 2022:\_\_\_\_\_\_ **AFTER** 1/1/23 | **Gross income how often it was received (*A****nnual****; W****eekly****; E****very 2 Weeks****; T****wice A Month; or* ***M****onthly***)** *If they do not receive income from any source, write ‘0’. If you enter ‘0’ or leave any ﬁelds blank, you are certifying (promising) that there is no income to report.* Please report Income in **“Whole Dollars”** when possible |
| **Name** (List **ALL Adults and children** in thehousehold with income.) | Earnings from Work before deductions | Welfare, Child support, Alimony | Pensions, Retirement, Social Security | All Other Income |
| ***EXAMPLE - John Smith*** | ***$1500 / E*** | ***$250 / M*** | ***$ 0*** | ***$0***  |
|  | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_  |
|  | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_  |
|  | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_  |
|  | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_  |
|  | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_  |
|  | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_\_/\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_  |
| **TOTAL HOUSEHOLD MEMBERS (Children and Adults): \_\_\_\_\_\_\_\_\_** Last Four Digits Of Social Security Number (SSN) Of Primary Wage Earner Or Other Adult Household Member: \* \* \*-\* \*-\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ ❑ I do not have a Social Security Number |
| **PART 5. Signature** *(An adult household member* ***must sign*** *the application.)* |
| **Contact Information and adult signature** “I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal beneﬁts, and I may be prosecuted under applicable State and Federal laws.”Sign here: Print name: Date: \_\_\_\_\_\_\_\_\_\_ \_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_City: State:\_\_\_\_\_\_\_\_\_ Zip: \_Date Received *(internal use):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Part 6. Children’s Ethnic and Racial Identities (Optional)** |
| Choose one ethnicity: | Choose one or more (regardless of ethnicity):  |
| ❑ Hispanic/Latino❑ Not Hispanic/Latino | ❑ Asian ❑ American Indian or Alaska Native ❑ Black or African American ❑ White ❑ Native Hawaiian or other Pacific Islander  |

**The most recent Eligibility Chart may be viewed at:** [**USDA Income Eligibility Guidelines for Child Nutrition Programs**](https://www.fns.usda.gov/cnp/fr-032019)

|  |
| --- |
| **School Use Only**  |
| *Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify* |
| Total household members receiving PFDs x $1,114 = (2021)Applications received **after 1/1/23** - Household members receiving PFDs\_\_\_\_\_\_\_\_\_\_\_ x $ = (2022) |
| **Annual Income Conversion**: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12 Sub Total Income: Household size: PFD income: TOTAL Income: Categorical Eligibility: \_\_\_\_\_ *(Free)*Income Eligibility: Free\_\_\_\_\_ Reduced\_\_\_\_\_ Denied\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Determining Official’s Signature: \_\_\_\_\_\_\_\_\_\_ Date: Confirming Official’s Signature: \_\_\_\_\_\_\_\_\_\_ Date: Verifying Official’s Signature (appeal): \_\_\_\_\_\_\_\_\_\_ Date: *For more information about calculating household income see the* ***Eligibility Guidance Manual for School Meals*** |

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-Discrimination Statement:**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: [complaint filing](http://www.ascr.usda.gov/complaint_filing_cust.html), 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:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

 fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

# SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children’s well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

* **No! I** **DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: School:

Child's Name: School:

Child's Name: School:

Child's Name: School:

Signature of Parent/Guardian: Date:

Printed Name: Address:

For more information, you may call **[name]** at **[phone] or e-mail at [e-mail address]**.

Return this form to: **[address]** by **[date]**.

# SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school].**
* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school].**
* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school].**

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: School:

Child's Name: School:

Child's Name: School:

Child's Name: School:

Signature of Parent/Guardian: Date:

Printed Name: Address:

For more information, you may call **[name]** at **[phone] or e-mail at [e-mail address]**.

Return this form to: **[address]** by **[date]**.

# notice to households of approval/denial of benefits

Dear Parent/Guardian:

You applied for free or reduced price meals for the following child(ren);

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your application was:

* Approved for free meals
* Approved for reduced price meals at $ \_\_\_\_\_\_\_\_\_\_ for lunch, $ \_\_\_\_\_\_\_\_\_\_\_\_ for breakfast, and $ \_\_\_\_\_\_\_\_\_\_\_\_ for snacks
* Denied for the following reason(s):
	+ Income over the allowable amount
	+ Incomplete application because
	+ Other

If you do not agree with the decision, you may discuss it with **[school official’s name]** at **[phone number]** or at **[e-mail address]**. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME:

ADDRESS:

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL

Sincerely,

**[signature]**

Name Title Date

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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: [complaint form filing](http://www.ascr.usda.gov/complaint_filing_cust.html), 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.

This institution is an equal opportunity provider.

# WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free or reduced price meals.

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We are checking your Free and Reduced Price School Meals 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 that **[name(s) of child(ren)][is/are]** eligible.

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

1. If you were receiving benefits from **[State SNAP], [State TANF]** or **[FDPIR]** when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

* **[State SNAP]** or **[State TANF]** or **[FDPIR]** Certification Notice that shows dates of certification.
* Letter from **[State SNAP]** or **[State TANF]** or **[FDPIR]** office that shows dates of certification.
* Do not send your EBT card.

2. If you get this letter for a homeless, migrant, or runaway child, please contact **[school, homeless liaison, or migrant coordinator]** for help.

3. If the child is a Foster Child:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. If no one in your household receives **[State SNAP]** or **[State TANF]** or **[FDPIR]** benefits:

 Send this page along with papers that show the amount of money your household gets 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: [address]**

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 you are paid; or, if you work for yourself, 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 Comp: Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation’s office.

Welfare Payments: Benefit letter from the **[State TANF]** office.

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 that your housing is part of the Military Privatized Housing Initiative.

Timeframe of Acceptable Income Documentation: Please submit proof of one month’s income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free**. [Toll free or reverse charge explanation]**. **You may also e-mail us at [e-mail address].**

Sincerely,

**[signature]**

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children’s eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.
“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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: http://www.ascr.usda.gov/complaint\_filing\_cust.html, 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.

This institution is an equal opportunity provider.

# WE HAVE CHECKED YOUR APPLICATION

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

* Your child(ren)’s eligibility has not changed.
* Starting **[date]**, your child(ren)’s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
* Starting **[date]**, your child(ren)’s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[$]** for lunch and **[$]** for breakfast.
* Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price mealsfor the following reason(s):

\_\_\_ Records show that no one in your household received **[State SNAP]** or **[State TANF]** benefits.

\_\_\_ Records show that the child(ren) is/are not homeless, runaway, or migrant.

\_\_\_ Your income is over the limit for free or reduced price meals.

\_\_\_ You did not provide:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ You did not respond to our request.

Meals cost **[$]** for lunch and **[$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **[State SNAP], [State TANF]** or **[FDPIR]** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number], or [e-mail].**

Sincerely,

**[signature]**

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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: [complaint\_filing](http://www.ascr.usda.gov/complaint_filing_cust.html), 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.

This institution is an equal opportunity provider.

NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive **[State SNAP]** or **[State TANF]**.

|  |  |
| --- | --- |
| **Name of Child** | **Name of School** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If there are other children in your household who aren’t listed above***, they also qualify for free meals.***

Please contact the school your child/children attend in the following situations:

* If there are other children in your household who are not listed above and you would like them to receive free meals at school
* You do not want your children to have free meals
* You have any additional questions

**[name]**

**[phone number]**

**[e-mail address]**

Sincerely,

**[signature]**

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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: [complaint\_filing](http://www.ascr.usda.gov/complaint_filing_cust.html), 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.

This institution is an equal opportunity provider.