ATTACHMENT G NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) in your household were directly certified through *SNAP*, *TANF*, *Medicaid*, or *FDPIR* will receive free or reduced-priced lunches, breakfasts, and snacks at school.

The children listed on this form will receive: Free Meals 🗌 🛛 Reduced-Priced Meals 🗌

United States Department of Agriculture (USDA) regulations require that if one person within a household is directly certified through a household member receiving SNAP, TANF, Medicaid, or FDPIR benefits, then all children within the household are directly certified.

Name of Child	Name of School	

If there are other children enrolled in the school district in your household who are not listed above, *they also qualify for benefits*.

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

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

Name of Contact:

Phone Number

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E-Mail Address:	
E-Mail Address:	

Signature of School Official:

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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov

This institution is an equal opportunity provider