

**NOTIFICATION OF SELECTION FOR VERIFICATION OF
ELIGIBILITY WE MUST CHECK YOUR APPLICATION**

You must send the information we need, or contact _____ by _____, or
(Name of School) (Date)
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 SNAP, 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:

- SNAP, TANF, or FDPIR Certification of Notice that shows dates of certification.
- Letter from SNAP, 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 _____ FOR HELP.

School Homeless Liaison or Migrant Coordinator

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 SNAP, 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:* _____

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 office.

WELFARE PAYMENTS: Benefit letter from the 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.

TIME FRAME 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 _____ at (_____) _____.
Toll-Free/Collect/Local Telephone Number

The call is free. You may also e-mail us at _____.

Sincerely,

Signature

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.