LETTER TO ASSISTANCE PROGRAM

**LETTER TO THE SNAP, TANF, or FDPIR OFFICE**

## FROM THE LOCAL EDUCATION AGENCY (LEA)

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

A child or family’s eligibility for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) automatically qualifies children for free school meals. The regulations for SNAP, TANF, and FDPIR permit offices to release eligibility information to administrators of the National School Lunch and School Breakfast Programs to ensure that only eligible children receive free meal benefits.

Enclosed is a listing of approved free meal applicants who have been selected for verification and who have indicated that the child for whom application was made now receives SNAP, TANF, or FDPIR benefits. Please indicate on the enclosed listing if these household members are currently participating in SNAP, TANF, or FDPIR or were participating as of the beginning of school this year \_\_\_\_(date)\_\_\_\_ . This information will be used only to confirm the applicant’s eligibility for free meal benefits.

Your return of the listing by \_\_\_\_(date)\_\_\_\_ will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have any questions or need additional information, please contact \_\_\_\_\_\_(name)\_\_\_\_\_\_ at the following telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

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

Signature and Title of School Official Date

Address

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

Telephone Number Email

Enclosure: Verification Form – SNAP, TANF, or FDPIR Commodity Recipients

**VERIFICATION FORM**

**SNAP, TANF, or FDPIR COMMODITY RECIPIENTS**

(Multiple Applicants)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADULT MEMBER Last Name, First Name | CHILD’S NAME  Last Name, First Name | Case # | CURRENTLY  PARTICIPATES | | PARTICIPATED  THIS YEAR?  END DATE: |
| Yes | No |
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Signature and Title of Official at Assistance Program Date

Address

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

Telephone Number Email

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(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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