LETTER TO HOUSEHOLDS

NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

\_\_\_\_\_\_\_\_\_\_ (Student’s Name)\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_(School)\_\_\_\_\_\_\_\_ \_\_\_\_\_(Date\_\_\_)

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

Your child’s application has been chosen as part of a review to make sure only eligible students receive free or reduced price meal benefits.

If you do not reply to this letter, your child will not continue to receive free or reduced price meals. This letter requires that you send information or contact \_\_\_\_(officials’ name)\_\_\_\_\_ by \_\_\_\_\_\_ (date)\_\_\_.

You must send either

* Papers that show that you get Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or FDPIR benefits for your child or
* Papers that show your household’s income for any point in time between the month prior to when you applied for meal benefits and now when you submit the papers.

We have enclosed information that shows the kinds of papers that you may use to prove that you now get SNAP, TANF, or FDPIR for your child or to show your household’s income. If possible, do not send original papers. If you do send original documents, they will be sent back to you only if you ask.

If you do not send information that proves your child is eligible to receive free or reduced price meal benefits by (the date above), these meal benefits will be stopped and the family will be responsible to pay for any meals the child receives.

If you have any questions, or if you need any help, please call \_\_\_\_\_(name)\_\_\_\_\_ at \_\_\_\_\_(toll-free phone number)\_\_\_\_\_. If you do not hear from us by \_\_\_\_(date)\_\_\_\_, free or reduced price meals will continue without change.

Thank you for your cooperation in this matter.

Sincerely,

Enclosures: Verification Information for Free and Reduced Price Meals

**Non-Discrimination Statement**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender, identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all bases will apply to all programs and/or employment activities.)

If you wish to file a Civil rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer. As stated above, all protected bases do not apply to all programs, “the first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.”

VERIFICATION INFORMATION FOR FREE AND REDUCED PRICE MEALS

**SNAP/TANF/FDPIR HOUSEHOLDS**: If you were getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) for your child at the time you applied, you only have to send something that shows your household was getting them. No other information is required. This can be:

--**SNAP, TANF, or FDPIR certification notice** showing the beginning and ending dates of the certification period.

--**Letter from the SNAP, TANF, and FDPIR office** stating that you were eligible to get benefits.

**HOUSEHOLDS THAT APPLIED BASED ON INCOME**: If you do not get SNAP, TANF, or FDPIR for your child, send copies of information or papers that show your entire household’s income for any point in time between the month prior to when you applied for meal benefits and now, when you submit the papers. Farmers or other self-employed people may need to use tax forms to show income.

The papers you send in must show: (1) the amount of income received, (2) the name of the person who received it, (3) the date the income was received, and (4) how often the income is received.

To show the amount of money your household received last month, send copies of the following:

--**Earnings/wages/salary for each job:**

Paycheck stub that shows how often it is received.

Pay envelope that shows how often it is received.

Letter from employer stating gross wages paid and how often they are paid.

Business or farming papers, such as ledger or tax books or tax forms.

Printout of electronic notification of deposit.

--**Social security/pensions/retirement:**

Social security retirement benefit letter.

Statement of benefits received.

Pension award notice.

--**Unemployment compensation/disability or worker’s compensation:**

Notice of eligibility from State employment security office.

Check stub.

Letter from worker’s compensation.

--**Welfare payments (TANF, General Assistance):**

Benefit letter from welfare agency.

--**Child support/alimony:**

Court decree, agreement, or copies of checks received.

--**All other income:** If you have other forms of income (such as rental income) send information or papers that show the amount of income received, how often it is received, and the date received.

--**No income:** If you have no income, send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

If you have any questions, or need help to decide the information to send, please contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name, toll-free & local phone number and email)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.