LETTER TO HOUSEHOLDS

NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

(Student’s Name) (School) (Date)

Dear (family):

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 to or contact **((insert name of verifying official))** by (date).

You must send either:

* Papers (pay stubs) 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
* Papers that show that you receive Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, or
* Support payment decrees from courts

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.

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.

If you have any questions, or if you need any help, please call **((insert name of verifying official))** at **((insert 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,

**((insert name of verifying official/title))**

Enclosures: Verification Information for Free and Reduced-Price Meals

**Non-Discrimination Statement**

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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](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) found online at: [How to File a Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), 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](mailto:program.intake@usda.gov).   
  
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