

**NOTICE OF ELIGIBILITY FOR FREE MEALS – Directly Certified - Medicaid
National School Lunch Program/School Breakfast Program
School Year 2018-19**

Dear Parent or Guardian:

Your child(ren) has been approved for free reduced-price meals because of participation in Medicaid programs.

Name(s) of Children: _____

Effective Date: _____

You do not need to submit a meal application.

If you feel that other students in the household may be eligible for free meals or if you do not want your child to receive free meals, please contact _____.

If your child(ren) is approved for meal benefits, they are approved for the entire school year.

Children directly certified for reduced-price meals may actually be eligible for free meals due to differences in Medicaid programs and USDA school meal programs. If you feel you may be eligible for free meals based on household size and income, please submit a meal application.

Your child(ren) may qualify for other school benefits or other state or federally funded school benefits. Providing a copy of this "Notice of Eligibility for Free Meals" to the school office will verify eligibility for certain programs for your child(ren) may qualify for. Contact the school office for more information about individual programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Sincerely,

Name Title Date

NONDISCRIMINATION

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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, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov

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