Dear Parent or Guardian:

Your child(ren) has been directly certified through participation in assistance programs; Basic Food, Temporary Assistance for Needy Families (TANF); Food Distribution on Indian Reservations (FDPIR), Medicaid, foster child status, migrant, or homeless status.

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

Name(s) of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You do not need to do anything.

If you feel that other students in the household may be eligible for reduced fees, please contact \_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_ Name, TITLE \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If your child(ren) is approved for direct certification, they are qualified for the entire school year. You do not need to submit the Family Income Survey.

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**

**Local District NONDISCRIMINATION STATEMENT**