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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME, BUSINES MANAGER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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 difference 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\_\_\_\_

**Name Title Date**

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

[program.intake@usda.gov](program.intake%40usda.gov)

This institution is an equal opportunity provider.