Letter to Households

Notification of Selection for Verification of Eligibility

**[Date]**

**[student name], [school name]**

Dear **[parent/guardian name]**:

This letter requires that you send information or contact **[school official name]** by **[date]**.

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

You must send: (1) papers that show you receive, or received at any point in time between the month prior to application and the date above, Food Stamps or Temporary Assistance for your child **or** (2) papers that show your household’s income from any point in time between the month prior to application and the time income documentation is required.

We have enclosed information that shows the kinds of papers that you may use to prove that you receive(d) Food Stamps or Temporary Assistance 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 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.

If you have any questions, or if you need any help, please call **[school official name and 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,

**[signature of school official]**

Enclosure (Verification Information for Free and Reduced Price Meals)

(Information follows to the reverse side.)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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**](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:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   [**program.intake@usda.gov**](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.