Letter to the Food Stamp/Temporary Assistance Office

from the Local Education Agency

Dear **[County Food Stamp/Temporary Assistance Office]**:

The receipt of Food Stamps or Temporary Assistance automatically qualifies child(ren) for free school meals. The regulations for the Food Stamp Program and the Temporary Assistance Program permit Food Stamp and Temporary Assistance offices to release eligibility information to administrators of the National School Lunch and School Breakfast Programs to ensure that only eligible children receive free meal benefits.

Enclosed is a listing of approved free meal applications selected for verification and have indicated that the child for whom application was made now receives Food Stamps and/or Temporary Assistance benefits. On the enclosed listing, please indicate if these household members are participating, or participated, in the Food Stamps and/or Temporary Assistance Program during the dates indicated. This information will be used only to confirm the approved applicant’s eligibility for free meal benefits.

Your return of the listing by **[date]** will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions, or need additional information, please contact **[school official name and phone number]**.

Sincerely,

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Signature | | Date |
|  | | | |
|  | | | |
| Address | | | |
|  | | | |
| Telephone Number |  | | |

Enclosure: Verification Form - Food Stamp/Temporary Assistance Recipients

(Information follows to the reverse side.)

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.

Non-Discrimination Statement:

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.