NOTIFICATION LETTER FOR FREE SCHOOL MEALS

**DIRECT CERTIFICATION**

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below qualify for free school meals because they receive **[State SNAP]** **[FDPIR]** **[State TANF] [Foster] [Homeless] [Migrant]** or **[Medicaid-Free]** benefits. This means that you do **not** need to fill out a household application for these children to determine eligibility for free or reduced-price meals. This also means that these children will **automatically** **qualify for Summer EBT (SUN Bucks)**, which helps families buy food during the summer when school is out.

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| --- | --- |
| Name of Child | Name of School |
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If someone in your household receives State SNAP, FDPIR, State TANF, or Medicaid-Free and there are other children in your household who aren’t listed above***, they also qualify for free meals and Summer EBT.*** Please note that Foster, Homeless, or Migrant students ***do not extend free meal or Summer EBT benefits to other children in their household***.

For children on SNAP or TANF, the Summer EBT will automatically be loaded on a current EBT card.

For children certified as FDPIR, Foster, Homeless, Migrant, or Medicaid-Free/Reduced, the benefits will be mailed to them, which is why it is important that the correct mailing address and custodial parent information is on file. In some instances where households received a prior year SUN Bucks EBT card, future benefits may be added to the original SUN Bucks EBT card. For more information on Summer EBT, please visit ADE [SUN Bucks webpage](https://www.azed.gov/SUNBucks) or call the Summer EBT hotline at 833-648-4406. If you would like to opt out of Summer EBT benefits, please complete the ADE [SUN Bucks Opt-out Form](https://www.azed.gov/hns/sun-bucks-opt-out-form).

Please contact the school your child(ren) attends in the following situations:

* If there are other children in your household who are not listed above, and you would like them to be qualified for free meals.
* You do not want your children to qualify for free meals.
* If your contact information has changed, please update this with the school.
* You have any additional questions.

Sincerely,

**[signature]**

**[name]**

**[phone number] [e-mail address]**

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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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.*

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