**Insert school district letterhead**

# Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of District]** will be offering healthy meals to all students **at no cost** every school day in School Year 20­­**\_\_\_**-**\_\_\_**. Your child(ren) will receive free breakfast and lunch meals every school day without having to pay a fee or submit a household application.

Your child(ren)’s school is approved to operate **[Community Eligibility Provision or Provision 2 or Provision 3]**. No further action is required of you. Your child(ren) will be able to receive free meals without having to pay a fee or submit an application.

**My family needs more help. Are there other programs we might apply for?** To find out how to apply for **Supplemental Nutrition Assistance Programs** or other assistance benefits, contact your local assistance office or call 1-855-432-7587.

If you have other questions or need help, call **[phone number]**.

# Sincerely,

# [Insert Name]

# [insert Title]

*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;*
2. *fax: (202) 690-7442; or*
3. *email:*[*program.intake@usda.gov*](mailto:program.intake@usda.gov)*.*

*This institution is an equal opportunity provider.*