**WE MUST CHECK YOUR SCHOOL MEALS APPLICATION**

**School:** [School Name]

**Date**: [Date]

Dear [Name],

Schools are required to verify the accuracy of applications that were submitted. You must submit the eligibility documentation outlined below, or contact [Name] by [Date]. Without this documentation, your child(ren) will no longer have a free or reduced-price meal benefit eligibility status for [last school year] and may lose benefits from other programs including but not limited to your child(ren)’s meal benefit eligibility status for the first 30 days of [upcoming school year], free or discounted fees to participate in most sports, reduced registration fees for AP, SAT, and/or ACT tests, discounted rates on fees associated with applying for college, and discounted rates on internet services. If you choose not to respond, your child(ren) will no longer have a free or reduced-price meal benefit eligibility status.

**We are checking the Free and Reduced-Price School Meals Application for**: [Name(s) of child(ren)].

**Return this form and the documentation listed below to**: [Address]

1. **If anyone in your household receives SNAP, TANF, or FDPIR:**

Do not send your EBT card. Provide one of the following:

* SNAP or TANF of FDPIR Certification Notice that shows dates of completion
* Letter from SNAP or TANF or FDPIR office that shows dates of certification

1. **If the child meets the definition of homeless, migrant, or runaway:**

Please contact [School homeless liaison, head start or migrant coordinator] for assistance.

1. **If the child is a foster child under the legal responsibility of a foster care agency or court:**

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

1. **If no one in the household receives SNAP or TANF or FDPIR benefits:**

Provide documentation showing the total income and source(s) of income received by all members of the household. The documentation must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

***Please submit proof of one full month of income; you could use the month prior to application submission, the month you applied, or any month after that.***

Acceptable documentation includes:

* Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
* Social security, pension, or retirement: Social security retirement benefit letter, statement of benefits received, or pension award notice.
* Unemployment, disability, or worker’s comp: Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation’s office.
* Welfare payments: Benefit letter from the TANF office.
* Child support or alimony: Court decree, agreement, or copies of checks received.
* Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.
* No income: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
* Military housing privatization initiative: Letter or rental contract showing that your housing is part of the Military Privatization Housing Initiative.

Timeframe: Documentation of one month’s income or receipt of assistance may be provided from any point in time between the month prior to application submission up to the time you are required to provide documentation.

Copies Preferred: If possible, send copies instead of original papers. If you do send originals, they will only be returned upon request.

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 have questions or need help, please contact [Name] at [Phone]. The call is free. [Toll free or reverse charge explanation]. You may also e-mail us at [Email].

Sincerely,

[Signature]

*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, 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;*

*fax: (833) 256-1665; or (202) 690-7442*

*email: program.intake@usda.gov.*

*This institution is an equal opportunity provider.*