# (Place on school letterhead)

# WE MUST CHECK YOUR parent/Guardian income APPLICATION for free or reduced price meals

You must send the information we need, or contact **[name]** by **[date],** or your child(ren) will stop getting free or reduced price meals.

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **is/are** eligible.

***name(s) of child(ren)***

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask. Do not send your EBT card. Please note: an EBT card is not proof for certification of meal benefits.

1. If you were receiving benefits from Food Stamps/Supplemental Nutrition Assistance Program (SNAP)   
    or Temporary Assistance to Needy Families (TANF) when you applied for free or reduced price meals,   
    or at any time since then, send us a copy of:

* **Food Stamps/SNAP** or T**ANF** Certification Notice that shows dates of certification.

1. If you get this letter for a homeless, migrant, or runaway child, please contact (school, homeless liaison, or migrant coordinator) for help.
2. If the child is a Foster Child: Provide written documentation that verifies the child is the legal  
    responsibility of the court or provide the name and contact information for a person at the court who can verify that the child is a foster child.
3. If no one in your household receives Food Stamps/SNAP or TANF benefits: Send this page along with documents that show the amount of money your household gets from each source of income. The documents you send 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.

Send information to: **[name]** at **[address].**

Acceptable DOCUMENTATION include:

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, Pensions, 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 appropriate Welfareoffice.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

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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 Privatized Housing Initiative.

Timeframe of Acceptable Income Documentation: Please submit proof of one month’s income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **[name]** at **[phone number].** **You may also e-mail us at [e-mail address].**

Sincerely,

**[signature]**

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of all adult household members. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

**USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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.

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