**[insert date]**

Dear Parent/Guardian:

We want to let you know that the children listed below will receive free **[insert applicable meal, e.g., lunches, breakfasts, milk, and snacks]** at school because they have been directly certified and are automatically eligible for free meals without further application. Direct certification is the process of determining that children are eligible for free meals based on receipt of SNAP, TFA, or Medicaid (HUSKY A) benefits through the Connecticut Department of Social Services. If you have received this letter, do not submit a free and reduced-price meal application.

Maintain this copy for your records. It may be used as proof of free eligibility for other programs.

|  |  |
| --- | --- |
| **Name of child** | **Name of school** |
|  |  |
|  |  |
|  |  |
|  |  |

If there are other children in your household who are not listed above, **they also qualify for free meals.**

Please contact **[insert name] at [insert telephone number] or [insert e-mail address]** if:

* there are other children in your household who are not listed above, and you would like them to receive free meals at school;
* you do not want your children to have free meals; or
* you have any additional questions.

Finally, in accordance with the Richard B. Russell National School Lunch Act, 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. We **may** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine beneﬁts for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Sincerely,

**[insert name and title]**

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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/ad-3027.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.