**[insert school district name and logo]** **[insert household id number]**

**Confirm Your Eligibility for Free/Reduced-Price Meals**

**SECOND NOTICE!**

**[insert date]**

Dear **[insert name of parent/guardian]:**

Your free and reduced-priced meal application was recently approved for:

**[insert list of students in household]**

**However,** **there is one last step you need to take. Please send us documents to confirm your eligibility.** Each year, we must randomly select different meal applications to confirm eligibility. This year, your household was selected.

**You must send us the information by [insert date].** You can send a Certification Notice for SNAP or TFA benefits, or documents that show your household income, for example, paycheck stubs, benefits statements, and copies of checks. The back of this letter has more information about what to send and how to send it.

*Failure to confirm your child’s status for free or reduced-price meals may impact eligibility for other benefits since your child’s eligibility will be changed to paid.*

For questions or help, please contact **[insert name]** at the toll-free number **[insert phone number**] or by e-mail at **[insert email]**.

Sincerely,

**[insert signature]**

**[insert name]**

**[insert title]**

**[insert school district name]**

**How to show eligibility for free or reduced-price meals**

Please provide the following information. All documents can be dated from **[insert the month before application]**, or any month after. Include a copy of this letter when you send your documents.

Were you or someone in your household receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA) at the time of application or any time after the application?

* **If YES,**please send us your SNAP or TFA Certification Notice that shows dates of certification and dollar amount of benefits OR you can send a letter from the SNAP or TFA office that shows dates of certification and dollar amount of benefits. **Do not send your EBT card.** If you send us one of the above documents, you are DONE. You do NOT need to send anything else.
* **If NO,** please read the following options and follow the instructions if they apply to you:

1. **Your child is homeless or runaway:** Contact **[insert school, homeless liaison]** at **[insert phone number or e-mail]** for help.
2. **Your child is a foster child:** Senddocumentation that verifies your 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 your child’s foster status
3. **Your child is not homeless, or a runaway or foster child:**Return this letter with documentation of your household’s sources of income for either the month before application, or any month after. Refer to “Sources of Income” on page 3. Acceptable documents are listed below. The documents must show:

* **name** of person who received the income;
* **date** received;
* **amount** received; and
* **how** **often** it was received.

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| **Acceptable documents for showing household income** | |
| * **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 benefits letter, statement of benefits received, or pension award notice. * **Unemployment, Disability, or Worker’s Compensation:** Notice of eligibility from the state employment security office, check stub, or letter from the Worker’s Compensation office. | * **Welfare Payments:** Benefit letter from the Department of Social Services. * **Child Support or Alimony:** Court decree, agreement, or copies of checks received. * **All Other Income (Such as Rental Income):** Information that shows the amount of the income, name of the person who received the income, the date it was received, and how often it was received. * **Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative. |

**If you do not have income,** please send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income**. If you work on a seasonal basis**, call us and we will help you figure out what to send.

**Send this information using any of the following methods:**

* Take pictures of the requested documents with your phone/camera and e-mail them to **[insert e-mail]**. Be sure to include a photo of this letter OR the names of your children that attend **[insert school district]** in the e-mail message.
* Mail documents along with this letter to **[insert address]** using the envelope provided. If possible, send copies instead of original documents. You may also fax documents to **[insert phone number]**.
* Come in person to the office located at **[insert address]** to drop off the documents. Bring this letter with you.

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| **Sources of income** | |
| Please provide documentation for income received by members of your household (including children) from all of these sources. If you omitted any of these sources from your application, include them now. | |
| **Earnings from Work**   * Salary or wages from a job * Tips, commissions, and cash bonuses * Net income from self-employment   **Earnings from the U.S. Military**   * Military basic pay or drill pay (portion available to the household if deployed) * Military cash bonuses (excluding combat pay) * Allowance for off-base housing (including BAH but excluding MHPI) * Allowance for food or clothing (other than FSSA)   **Public Assistance**   * Supplemental Security Income (SSI) * Cash assistance from State or local government * Housing subsidies (not including those from federal housing programs)   **Alimony and Child Support**  **Retirement Income**   * Social Security retirement or survivor’s benefits * Railroad Retirement or Black Lung benefits * Pension income | **Unemployment and Disability**   * Unemployment benefits * Worker’s compensation * Strike benefits * Social Security Disability Insurance (SSDI) * Veteran’s benefits   **All Other Income**   * Regular cash support from outside the household, including from family or friends * Rental income * Interest * Investment income or annuities * Any other source of income that you can use to help pay for your children’s school meals   **Child Income**  *Child income is money received from outside your household that is paid directly to your children. Many households do not have any child income.*   * A full-time or part-time job * Supplemental Security Income (SSI), if the child is disabled * Social Security benefits for children of a disabled, retired, or deceased parent * Money regularly received from extended family or friends outside the household * Money from a pension, annuity, or trust |

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. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

**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.