**[insert date]**

Dear Parent/Guardian:

We want to let you know that the children listed below will receive milkat no cost at school because they have been directly certified and are automatically eligible for free milks without further application. Direct certification is the process of determining that students are eligible for free milks 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 an application for free milk.**

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

|  |  |
| --- | --- |
| **Name of student** | **Name of school** |
|  |  |
|  |  |
|  |  |
|  |  |

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

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

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

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](http://mailto:program.intake@usda.gov/)

This institution is an equal opportunity provider.