**[insert date]**

Dear Parent/Guardian:

We want to let you know that the children listed below will receive **reduced-price** **[insert applicable meal, e.g., lunches and/or breakfasts]** at school because they receive Medicaid, also known as HUSKY A in Connecticut. The Connecticut State Department of Education (CSDE) has been approved to participate in the United States Department of Agriculture’s *Demonstration Project to Evaluate Direct Certification with Medicaid*. This Project permits the CSDE to work with the Connecticut Department of Social Services (DSS) to identify children who currently receive HUSKY A benefits. These children are automatically eligible for reduced-price meals without further application. You may have enrolled in HUSKY A directly with DSS or through the state-based health insurance marketplace known as Access Health CT. Records show that your children are currently enrolled in HUSKY A.

Although your children are eligible for reduced-price benefits, your total household income and household size may make your children eligible for free benefits. Therefore, you may wish to complete and submit the attached meal application. Please refer to the Income Eligibility Guidelines on the next page for more information. Note that your children’s reduced-price eligibility will continue unless an application is submitted and determined to be eligible for free meals.

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

If there are other children in your household who are not listed above, **they also qualify for reduced-price 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 reduced-price meals at school;
* you do not want your children to have reduced-price 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]**

**Income Guidelines for Child Nutrition Programs: July 1, 2024, to** **June 30, 2025**

|  |  |
| --- | --- |
| **Free meals/milk** | **Reduced-price meals** |
| **Household size** | **Annual gross income** | **Monthly gross income** | **Twice per month** | **Every two weeks gross income** | **Weekly gross income** | **Household Size** | **Annual gross income** | **Monthly gross income** | **Twice per month** | **Every two weeks gross income** | **Weekly gross income** |
| 1 | 19,578 | 1,632 | 816 | 753 | 377 | 1 | 27,861 | 2,322 | 1,161 | 1,072 | 536 |
| 2 | 26,572 | 2,215 | 1,108 | 1,022 | 511 | 2 | 37,814 | 3,152 | 1,576 | 1,455 | 728 |
| 3 | 33,566 | 2,798 | 1,399 | 1,291 | 646 | 3 | 47,767 | 3,981 | 1,991 | 1,838 | 919 |
| 4 | 40,560 | 3,380 | 1,690 | 1,560 | 780 | 4 | 57,720 | 4,810 | 2,405 | 2,220 | 1,110 |
| 5 | 47,554 | 3,963 | 1,982 | 1,829 | 915 | 5 | 67,673 | 5,640 | 2,820 | 2,603 | 1,302 |
| 6 | 54,548 | 4,546 | 2,273 | 2,098 | 1,049 | 6 | 77,626 | 6,469 | 3,235 | 2,986 | 1,493 |
| 7 | 61,542 | 5,129 | 2,565 | 2,367 | 1,184 | 7 | 87,579 | 7,299 | 3,650 | 3,369 | 1,685 |
| 8 | 68,536 | 5,712 | 2,856 | 2,636 | 1,318 | 8 | 97,532 | 8,128 | 4,064 | 3,752 | 1,876 |
| **Each additional family member** | + 6,994 | + 583 | + 292 | + 269 | + 135 | **Each additional family member** | + 9,953 | + 830 | + 415 | + 383 | + 192 |

**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

This institution is an equal opportunity provider.