Attachment XI

**NOTIFICATION LETTER FOR DIRECTLY CERTIFIED STUDENTS**

Dear Parent/Guardian: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child(ren) has been automatically **approved for free meals and/or milk** during the 2021-2022 school year. This approval is based on student/household eligibility for the Supplemental Nutrition Assistance Program (SNAP), and/or Medicaid. **ONLY RETURN THIS LETTER to your child(ren)’s school if you do not want the free school meals/milk benefits.**

**Please DO NOT fill out an application for free or reduced price meals and/or milk for the following child(ren):**

|  |  |  |
| --- | --- | --- |
| **Student Name** | **School Name** | **Grade** |
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If you have student(s) in your household that are not listed above, please contact this office at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Free meal benefits will be extended to all children residing in the same household.

**If you DO NOT want your student to receive these school meal benefits, please check the box below, sign and return this letter.**

 I do not want free meals/milk benefitsfor my children listed above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Parent or Guardian

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.