Sample Parent Letter

INSERT YOUR AGENCY LETTERHEAD

	Incom	e Eligibility Guidelii	nes		
Household Size	Year	Month	<u>Twice</u>	Every	Weekly
			per Month	Two Weeks	
1	\$23,828	\$1,986	\$ 993	\$ 917	\$ 459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$ 620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$ 782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$ 943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each additional					
family member, add	\$ 8,399	\$ 700	\$ 350	\$ 324	\$ 162

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.

☐ Eligibility has been established for the site(s) listed. No further documentation is required.

☐ Please fill out and return an "Application for Free and Reduced-Price School Meals/Milk."

Persons interested in receiving more information should contact:

(Name, Address and Phone Number of Sponsor)

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form, (AD-3027)</u> found online at: <u>How to File a Complaint</u>, 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:

- 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: <u>program.intake@usda.gov</u>

This institution is an equal opportunity provider.

X

(Enter camp and/or closed enrolled site(s) information)

Site Na	me			Site Na	me		
Site Ad	ldress			Site Ad	dress		
Begin Date	End Date	Meals Available	Service Times	Begin Date	End Date	Meals Available	Service Times
Site Na				Site Na			
Site Ad				Site Ad			1 ~ .
Begin Date	End Date	Meals Available	Service Times	Begin Date	End Date	Meals Available	Service Times
Site Na	me			Site Na	me		
Site Ad	ldress			Site Ad			
Begin End Date Date		Meals Available	Service Times	Begin Date	End Date	Meals Available	Service Times
Site Na	me			Site Na			
	Site Address			Site Na			
Begin	End	Meals	Service	Begin	End		Service
Date	Date	Available	Times	Date	Date	Meals Available	Times
Site Na				Site Na	me		
Site Ad				Site Ad			1
Begin Date	End Date	Meals Available	Service Times	Begin Date	End Date	Meals Available	Service Times
Site Na				Site Na			
Site Ad				Site Ad			_
Begin Date	End Date	Meals Available	Service Times	Begin Date	End Date	Meals Available	Service Times