Sample Parent Letter

INSERT YOUR AGENCY LETTERHEAD

	Incor	ne Eligibility Guide	<u>elines</u>		
Household Size	<u>Year</u>	Month	Twice	Every	Weekly
			per Month	Two Weeks	
1	\$26,973	\$2,248	\$1,124	\$1,038	\$ 519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$ 702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$ 885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional					
family member, add	\$ 9,509	\$ 793	\$ 397	\$ 366	\$ 183

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.

	T21' '1 '1'4	1 1	established	C	.1 . /	· \	. 1 . 1 7	T	C 41	1		•	. 1
	HIIOINIIIT	z nac neen	ectablished	TOT	the site	CI	HISTER	NO	nirther	anciimer	itation.	10	reallirea
_	Lugionity	mas occii	Cotabilionica	101	uic site	01	moteu.	10	I uI uI cI	documer.	папоп	13	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 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

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

Site Nar	ne			Site Na	me		
Site Ado	dress			Site Ad	dress		
Begin Date	End Date	Meals Available	Service Times	Begin Date	End Date	Meals Available	Service Times
Site Naı				Site Na			
Site Add				Site Ad		3.5.1	T a ·
Begin Date	End Date	Meals Available	Service Times	Begin Date	End Date	Meals Available	Service Times
Site Nar	me			Site Na	me		
Site Add	dress			Site Ad			
Begin	End	Meals	Service	Begin	End	Meals	G : T:
Date	Date	Available	Times	Date	Date	Available	Service Times
Site Nar	ne			Site Na	me		
Site Add	dress			Site Ad			
Begin	End	Meals	Service	Begin	End	35 4 4 44	Service
Date	Date	Available	Times	Date	Date	Meals Available	Times
Site Nar	ne			Site Na	me		
Site Ado				Site Ad			
Begin	End	Meals	С : Т:	Begin	End	Meals	Service
Date	Date	Available	Service Times	Date	Date	Available	Times
Site Nar	ne			Site Na	me.		
Site Add				Site Ad			
Begin	End	M 1 4 '11'	Service	Begin	End	Meals	Service
Date	Date	Meals Available	Times	Date	Date	Available	Times