

**LETTER TO HOUSEHOLDS-  
NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY**

Important: You must respond to this letter

Dear: \_\_\_\_\_

Date: \_\_\_\_\_

Schools participating in the federal meal programs are required each year to select a sample of applications to ensure that only eligible children receive free or reduced-price benefits. This process is called Verification.

Your child's application has been selected as part of this review. As part of this process, you must send information to \_\_\_\_\_ (official's name) at \_\_\_\_\_ (address) or contact \_\_\_\_\_ (official's name) by \_\_\_\_\_ (date).

You must send the name of each adult household member on the enclosed sheet and papers that show your household's current income. If your income is now higher, but you can document your income for the month prior to or at the time of application, your eligibility status for the year will not change.

We have enclosed information that shows the documentation that you may use to verify your household's income. If possible, do not send original papers. Original documents will be sent back to you only at your request.

If your child is receiving free meals based on participation in an Assistance Program (SNAP/TANF/FDPIR), provide proof that your child or any household member is receiving benefits under an Assistance Program instead of providing income information.

The Richard B. Russell National School Lunch Act requires the information requested to verify your children's eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information your children may no longer receive free or reduced-price meals.

If you do not have any information or documents, you can list the name of someone who is not a member of your household who we can contact to confirm your household's income. Write that person's name, address, and daytime telephone number below:

Contact Name

Daytime telephone #

Address

If you have any questions, or if you need any help, please call \_\_\_\_\_ (name) at (toll free phone number). If you do not hear from us by \_\_\_\_\_ (date) free or reduced price meals will continue without change. Thank you for your cooperation in this matter.

Sincerely,

## Attachment A (page 2 of 4)

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

This institution is an equal opportunity provider.

**ADULT HOUSEHOLD MEMBERS**

If you do not supply documentation showing that you now receive Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) for your child, you must send in the names of each household member 21 years of age or older and documentation verifying the current household income.

Please complete the following form and submit with the requested documentation for verification of income.

**Names of adult household members**

**Submitted Documents**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

**VERIFICATION INFORMATION FOR FREE AND REDUCED PRICE MEALS**

Provide information or documents which show your household's current income, or income for the month prior to when you applied for program benefits for the 2023-2024 school year. If you receive income from more than one source, you must provide documentation for each source. Examples of types of documents are listed below. You may also provide a letter(s) from your income source(s) stating the amount and frequency of income received and who received it.

**The papers you send in must show: (1) the amount of the income received, (2) the name of the person who received it, (3) the date the income was received, and (4) how often the income is received.**

To show the amount of money your household received last month, send copies of the following:

- ◆ **Earnings/wages/salary for each job:** Current paycheck stub that shows how often it is received; current pay envelope that shows how often it is received; letter from employer stating gross wages and how often they are paid; business or farming papers, such as ledger or tax books
- ◆ **Social security/pensions/retirement:** Social security retirement benefit letter; statement of benefits received; pension award notice
- ◆ **Unemployment compensation/disability or worker's compensation:** Notice of eligibility from State employment security office; check stub; letter from worker's compensation
- ◆ **Assistance Program participation (SNAP/TANF/FDPIR):** Benefit letter from assistance agency or documentation available through the [mybenefits.ny.gov](http://mybenefits.ny.gov) website
- ◆ **Child support/alimony:** Court decree; agreement; copies of checks received
- ◆ **All other income:** If you have other forms of income (such as rental income) send information or papers that show the amount of income received, how often it is received, and the date received
- ◆ **No income:** If you have no income, send a brief note explaining how you provide food, clothing and housing for your household, and when you expect to receive income

If you have any questions, or need help in deciding the kind of information to provide, please call (official's name) at (toll free phone number).