

PARENT/GUARDIAN NOTIFICATION LETTER • VERSION 1

Eligibility Established through Direct Certification Based on

School Nutrition Accountability Program (SNAP),
Temporary Family Assistance (TFA) or Medicaid Benefits

Use District/School Letterhead

[insert date]

Dear Parent/Guardian:

We want to let you know that the children listed below will receive free [insert applicable meal, e.g., lunches, breakfasts, milk and snacks] at school because they have been directly certified and are automatically eligible for free meals without further application. Direct certification is the process of determining that children are eligible for free meals based on receipt of SNAP, TFA, or Medicaid benefits through the Connecticut Department of Social Services. **If you have received this letter, do not submit a free and reduced-price meal application. Also, maintain this copy for your records, which may be used as proof of free eligibility for other programs.**

Name of Child	Name of School

If there are other children in your household who are not listed above, *they also qualify for free 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 free meals at school;
- you do not want your children to have free meals; or
- you have any additional questions.

Sincerely,

[insert name and title]

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, 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.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.