

Reduced-price Eligibility Established through Direct Certification Based on

MEDICAID BENEFITS – REDUCED-PRICE MEALS

Use District/School Letterhead

[insert date]

Dear Parent/Guardian:

We want to let you know that the children listed below will receive **reduced-price [insert applicable meal, e.g., lunches and/or breakfasts]** at school because they have been directly certified through Medicaid and are automatically eligible for reduced-price meals without further application. Direct certification through Medicaid is the process of determining that children are eligible for reduced-price meals based on receipt of Medicaid benefits through the Connecticut Department of Social Services.

Although your children are eligible for reduced-price benefits, your total household income and household size may make your children eligible for free benefits. Therefore, you may wish to complete and submit the attached meal application. Please refer to the Income Eligibility Guidelines on the next page for more information.

Name of Child	Name of School

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

Sincerely,

[insert name and title]

PARENT/GUARDIAN NOTIFICATION LETTER • VERSION 3, continued

INCOME GUIDELINES FOR CHILD NUTRITION PROGRAMS 2017-18											
FREE MEALS/MILK						REDUCED-PRICE MEALS					
Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income
1	15,678	1,307	654	603	302	1	22,311	1,860	930	859	430
2	21,112	1,760	880	812	406	2	30,044	2,504	1,252	1,156	578
3	26,546	2,213	1,107	1,021	511	3	37,777	3,149	1,575	1,453	727
4	31,980	2,665	1,333	1,230	615	4	45,510	3,793	1,897	1,751	876
5	37,414	3,118	1,559	1,439	720	5	53,243	4,437	2,219	2,048	1,024
6	42,848	3,571	1,786	1,648	824	6	60,976	5,082	2,541	2,346	1,173
7	48,282	4,024	2,012	1,857	929	7	68,709	5,726	2,863	2,643	1,322
8	53,716	4,477	2,239	2,066	1,033	8	76,442	6,371	3,186	2,941	1,471
Each Additional Family Member	+ 5,434	+ 453	+ 227	+ 209	+ 105	Each Additional Family Member	+ 7,733	+ 645	+ 323	+ 298	+ 149

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, audiotope, 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](#), (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.

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