

Sample Optional Household Letter

NOTIFICATION OF CONTINUATION OF BENEFITS AS A RESULT OF VERIFICATION

[insert date]

Dear [insert name of parent/guardian]:

Thank you for cooperating with the [insert name of school food authority] in its verification of eligibility for school meal benefits. The materials you sent are sufficient for us to verify that your child is eligible for the meal benefits he or she is receiving.

We appreciate your cooperation and support during this process. If you have any questions concerning our program, please feel free to contact our office at [insert telephone number].

Sincerely,

[insert name and title]

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- (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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