

Verification of Free and Reduced-Price School Meal Eligibility

Student's Name: _____ School: _____ Date: _____

Your Free and Reduced-Price School Meals Application has been selected for verification. Federal rules require that the application is reviewed to ensure that only eligible students receive free or reduced-price meal benefits.

As a reminder, all required as purposes, _____ participates in the Healthy School Meals for All program where are offered to students at no cost. This documentation is must track student eligibility for state and federal funding purposes.

What is verification?

Every year, _____ is required to randomly select a small percentage of free and reduced-price school meal applications for a process called verification. The free and reduced-price school meal applications selected for verification will require a response from the household to verify the information provided on the application.

What does this mean for me?

Your application has been selected to review additional information about your reported household income or your reported participation in applicable assistance programs.

For questions, contact _____ by _____.

Please complete these steps, described on the following pages:

1. Gather required documentation, including:
 - a. Income documentation OR
 - b. Assistance program documentation
2. Complete the Household Members Form
3. Return documentation and completed Household Members Form to your school district by the required date.

Any information provided will remain confidential and is not reported outside of the school.

You can send this information using any of the following methods:

- Take pictures of required documents with your phone and email them to _____.
- Mail required documents to _____.
- Come to the office located at _____ and drop off required documents.
- Fax required documents to _____.

If you do not send information that proves that your child is eligible to receive free or reduced-price school meals by _____, you may lose benefits associated with free and reduced price status.

If you have any questions, or if you need any help, please contact:

Thank you for your cooperation in this matter.

Sincerely,

School Official's name: _____

Address: _____

Phone Number: _____ E-mail: _____

Help us hit our goal!

We are committed to making sure **all eligible students** continue to receive benefits related to free or reduced-price school meal statuses. Our goal is to have a 100 percent verification response rate and we can only do that with **your help!** Please **help us hit our goal** by responding to this notice.

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/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
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Documentation Needed:

Please provide the following information. All documents can be dated from the month before application, or any month since. You must include the Household Member Form along with your income or assistance program documentation. If possible, do not send original papers. If you do send original papers, they will be sent back to you only if you ask.

Were you or someone in your household receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) at the time of your application, or any time since?

IF YES, please send us your SNAP, TANF or FDPIR Certification Notice that shows dates of certification. Do not send your EBT card.

If you send one of the above documents, you are DONE. You do NOT need to send anything else and you will receive a results letter.

IF NO to the above question, please read the following options and follow the instructions if they apply to you:

1. **Your child is homeless, migrant or runaway:** Contact _____ for assistance.
2. **Your child is a foster child:** Send documentation that verifies your child is the legal responsibility of the agency or court. OR, provide the name and contact information for a person at the agency or court who can verify your child's foster status.
3. **Your child is not covered by 1 or 2:** Return this letter and the Household Members Form below, along with documentation of your household's sources of income for either the month before application, or any month since. Document(s) must show:
 - **Name** of person who received the income
 - **Date** received
 - **Amount** received
 - **How often** it was received

Acceptable Documents for Showing Household Income:

- **Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid (can use the statement of earnings form provided in this notice); or, if you work for yourself, business or farming papers, such as ledger or tax books.
- **Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.
- **Unemployment, Disability, or Worker's Compensation:** Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation office.
- **Welfare Payments:** Benefit letter from the <<State TANF>> office.
- **Child Support or Alimony:** Court decree, agreement, or copies of checks received.
- **All Other Income (Such as Rental Income):** Information that shows the amount of the income, name of the person who received the income, the date it was received, and how often it was received.
- **Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

If you do not have income, please send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

If you work on a seasonal basis, call

and we will help you figure out what to send.

Household Members Form

If you do **not** receive SNAP, TANF or FDPIR benefits, this form **must be returned to the school district**.

1. Write the name of each household member below and indicate whether or not they have income.

Name	Yes, this person has income	No, this person does not have income
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. Send this page along with papers that show the amount of gross income your household receives from each source.

Statement of Earnings

(To be completed only by employer if applicable)

This statement is to confirm that _____ received the following amount of
(Name of Employee)

gross income before deductions for taxes, social security insurance, etc. \$_____.

- weekly
- every two weeks
- twice a month
- monthly
- other

Please state the date of the paycheck listed above _____.

Signature of Employer Date

Name of Company/Employer

Address of Employment Zip Code

City of Employment

Telephone Number

Social Security and/or Supplemental Security Income

(To be completed only by Social Security Office if applicable)

This statement is to confirm that _____ received the following Social Security \$ _____ or Supplemental Security Income \$ _____ for the month of _____.

Signature of Official Date

Address of Social Security Office

City

Telephone Number