(School Letterhead)

**Notice of Verification Selection**

**Dear Parent or Guardian:**  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child(ren)’s application for free or reduced price meals has been selected for verification to ensure only eligible students receive meal benefits.

Student’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent or Guardian Responsibility:

By \_\_\_\_\_\_\_\_\_\_\_\_(date) you must mail or deliver the required information requested below to:

(Site Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Required Information:

* **Papers that show that you get SNAP, TANF or FDPIR benefits for your child**

**(papers must show the date benefits start and stop)**

* **Papers that show your household’s current income**

**(papers must show dates of income received)**

* **Foster Child: Submit written documentation from the placement agency showing the status of the child and the financial arrangement – OR – submit the name, agency and phone number of the social worker assigned to the foster child.**

Enclosed is information that explains the type of papers you may use to prove that you now receive SNAP, TANF or FDPIR for your child(ren) --OR-- to show your household’s income. Do not send original papers.

If you do not send the requested information by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, free or reduced price meal benefits will end.

After submitting the requested information, if you do not hear from us by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, free or reduced price meals will continue without change.

If you have any questions or if you need help, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

# INSTRUCTIONS FOR PROVIDING VERIFICATION DOCUMENTATION

**Households receiving Free Meals based on SNAP (Supplemental Nutrition Assistance Program) / TANF (Temporary Assistance for Needy Families) / FDPIR (Food Distribution Program on Indian Reservations):**

Send papers that show your household received benefits for any point in time between the month prior to applying for meal benefits and the time you are required to provide documentation.

This documentation can be:

 Letter from the Oregon Department of Human Services (DHS) SNAP and/or TANF confirming benefits

 Letter from the Tribal Council confirming FDPIR benefits

**Households receiving Free or Reduced Price Meals based on INCOME:**

The papers you send in must show your household's current income.

*Current income is the amount of money your household received for any point in time between the month prior to applying for meal benefits and the time you are required to provide income documentation.*

Papers must include:

1. the amount of 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 (daily, weekly, bi-weekly, twice a month, or monthly)

If this amount is unusual, contact your child's food/nutrition department for assistance in determining acceptable documentation.

Examples of the papers you may send to show your current household income:

EARNINGS/WAGES/SALARY FOR EACH JOB:

* + - Current paycheck stub with pay period specified. Example: 8/1/2013 – 8/15/2013
		- Letter from employer stating gross wages paid
		- Business or farming papers, such as ledger or tax records

SOCIAL SECURITY/PENSIONS/RETIREMENT:

* + - * Social Security retirement benefit letter
			* Supplemental Security Income (SSI) 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 Workman's Compensation

CHILD SUPPORT/ALIMONY:

* + - * + Court decree, agreement, or copies of checks received

ALL OTHER INCOME: If you have other forms of income (such as rental income), send information or papers that shows the amount received, how often it is received, and the date received.

**NO INCOME**: If your household has no income, send a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income. You may be asked for a collateral contact (a person outside of the household) that knows about your household’s circumstances and can confirm them.

**Privacy Act Statement**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information but if you do not, we cannot approve your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member who signs the application. The last 4 digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We **may** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We may share the information on this form with Medicaid or the State Children’s Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will only be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

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

This institution is an equal opportunity provider.