NOTIFICATION LETTER FOR REDUCED-PRICE SCHOOL MEALS

**DIRECT CERTIFICATION-MEDICAID**

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below qualify for reduced-price school meals because they receive **[Medicaid]** benefits. If you believe your child(ren) qualify for free meals – complete and return a Free/Reduced application to the school with income information or a current SNAP (Food Stamp)/TANF case number.

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| --- | --- |
| Name of Child | Name of School |
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Approved for reduced price meals at $ \_\_\_\_\_\_\_\_\_\_ for lunch, $ \_\_\_\_\_\_\_\_\_\_\_\_ for breakfast, and $ \_\_\_\_\_\_\_\_\_\_\_\_ for snacks

If someone in your household receives Medicaid-Reduced and there are other children in your household who aren’t listed above***, they also qualify for reduced-price meals.***

Please contact the school your child(ren) attends in the following situations:

* If there are other children in your household who are not listed above, and you would like them to be qualified for reduced-price meals.
* You do not want your children to qualify for reduced-price meals.
* You have any additional questions.

Sincerely,

**[signature]**

**[name]**

**[phone number] [e-mail address]**

*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*](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;*
2. *fax: (202) 690-7442; or*
3. *email:*[*program.intake@usda.gov*](mailto:program.intake@usda.gov)*.*

*This institution is an equal opportunity provider.*