**[Insert School District Letterhead]**

Dear Parent/Guardian:

(Name of School) will provide no cost (Breakfast, Lunch, or Breakfast and Lunch) for all students during the (School Year).

Research shows students perform better in school when they are not hungry. By providing (Breakfast, Lunch, or Breakfast and Lunch) to all children at no cost, we better support their learning.

Our school meals follow the U.S. Department of Agriculture guidelines for healthy school meals. When families choose no-cost school meals, our school gets more funding and our school community can connect over mealtimes. It also saves time and money, which your family can use on what’s most important.

Although all students will receive no cost meals, it’s still important for households to provide income information when requested. Gathering this information allows (Name of School/District) to receive state and federal funding we qualify for. These funds go directly to schools to help cover the cost of meals and support after-school activities and other nutritional programs for students. Plus, qualifying households may be eligible to receive Summer EBT benefits, receive discounted school fees, class materials, bus passes, utilities support and more.

If you have any questions about the program, please contact us at (phone #).

Sincerely,

(Name and Title)

**Non-discrimination Statement:**

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](http://mailto:program.intake@usda.gov/)

This institution is an equal opportunity provider.