[Insert District Letterhead]

20\_\_-20\_\_ Direct Certification for Free/Reduced School Meals

Eligibility Letter

**[Date]**

Dear Parent/Guardian:

**(Name of School/District) participates in the National School Lunch Program and has not opted into Colorado’s Healthy School Meals for All program. Therefore, meals are not free for every student. Students in all grades who qualify for free or reduced-price meals will receive breakfast and lunch at no cost.**

Each student listed below has been automatically approved for free/reduced-price school meals based on household participation in an eligible assistance program.

Student’s Name: Student’s Name:

Student’s Name: Student’s Name:

Student’s Name: Student’s Name:

Student’s Name: Student’s Name:

It is **NOT NECESSARY to complete a household income application for free or reduced-price school meals for any of the students listed above, unless you believe you may qualify for additional benefits**. **Please KEEP THIS LETTER for your records.** Do not return it to the school.

If there are other children in your household who aren’t listed above, they may also meet the free or reduced-price school meal guidelines.

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

* If there are other children in your household who are not listed above and you would like them to be included.
* You have questions or concerns.

**[School Official’s name]**:

**[Address]**:

**[Phone Number]**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[E-mail]**

Sincerely,

**[Signature]**

**[Contact Information]**

**Use of Information 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 four digits of the social security number of the adult household member who signs the application. The last four 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.

**USDA Nondiscrimination 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.