

**NOTICE OF ELIGIBILITY – Directly Certification Medicaid (Pricing)  
National School Lunch Program/School Breakfast Program  
School Year 2024-25**

Dear Parent or Guardian:

Your child(ren) has been approved for ☐ free ☐ reduced-price meals because of participation in Medicaid programs.

Name(s) of Children: Child's Name Child's Name  
Child's Name Child's Name

Effective Date: \_\_\_\_\_ DATE \_\_\_\_\_

You do not need to submit a Child Nutrition Eligibility & Education Benefit Application.

If you feel that other students in the household may be eligible for benefits or if you do not want your child to receive benefits, please contact \_\_\_\_\_ NAME, TITLE \_\_\_\_\_.

If your child(ren) is approved for meal benefits, they are approved for the entire school year.

Children directly certified for reduced-price meals may actually be eligible for free meals due to difference in Medicaid programs and USDA school meal programs. If you feel you may be eligible for free meals based on household size and income, please submit a Child Nutrition Eligibility & Education Benefit Application.

Your child(ren) may qualify for Summer EBT (SUN Bucks), reduced fees, or other school benefits. Providing a copy of this "Notice of Eligibility" to the school office will verify eligibility for certain programs for your child(ren) may qualify for. Contact the school office for more information about individual programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs (including Summer EBT), auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Sincerely,

NAME TITLE DATE  
**Name Title Date**

## 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, audiotope, 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:

mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.