

We Must Check Your Application

[School District/LEA Name]

[Date]

Dear [Name]:

You must send the information we need, or contact [Name of School/District Official] at [School/District Name] by [Date] or your child(ren) will stop getting free or reduced-price meals and reduced fees for extracurricular activities. Your child(ren) attending [School Name] can continue to receive meals at no cost through Meals for Washington Students funds regardless of eligibility for free or reduced-price meals.

We are checking your Free and Reduced-Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced-price meals. You must send us information to prove that this/these student(s) is/are eligible: **[student name(s)]**.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. If you were receiving benefits from Basic Food, TANF, or FDPIR when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:
 - Basic Food, TANF, or FDPIR Certification Notice that shows dates of certification.
 - Letter from Basic Food, TANF, or FDPIR office that shows dates of certification.

Do not send your EBT card.
2. If you get this letter for a homeless, migrant, or Head Start child, please contact [Name of School Homeless Liason/Head Start/Migrant Coordinator] for help.
3. If the child is a foster child, provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.
4. If no one in your household receives Basic Food, TANF, or FDPIR benefits: send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received. Send information to:

[Address]

Acceptable papers include:

- **JOBS:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
- **SOCIAL SECURITY, PENSIONS, or RETIREMENT:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.
- **UNEMPLOYMENT, DISABILITY, OR WORKER'S COMPENSATION:** Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.
- **WELFARE PAYMENTS:** Benefit letter from the TANF office.
- **CHILD SUPPORT OR ALIMONY:** Court decree, agreement, or copies of checks received.
- **NO INCOME:** A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
- **MILITARY HOUSING PRIVATIZATION INITIATIVE:** Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

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Documentation of income or receipt of assistance may be provided from any point in time between the month prior to application and the time of this letter. United States citizenship or immigration status is not a condition of eligibility for free and reduced-price benefits.

If you have questions or need help, please call **[Name]** at **[Phone]** – the call is free. **[Toll Free or Reverse Charge Explanation]**. You may also e-mail us at **[E-mail Address]**.

Sincerely,

[Name of Signee]

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals.

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:

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.