

Dear Parent/Guardian:

**is offering no-cost \_\_\_\_\_ to all students. However, still must track student school meal eligibility based on federal guidelines to get certain state and federal funding. This helps support your child(ren)'s school.**

If you have children in \_\_\_\_\_ who are eligible for free/reduced school meals based on participation in Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF/CO Works – State Diversion or Basic Cash Assistance), and/or Medicaid, *all other children in your household are also eligible.*

Name of student(s) already directly certified based on eligibility for SNAP and/or TANF and/or Medicaid benefits and you may have received a school meal eligibility letter for.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Additional Students:

Student's Name: \_\_\_\_\_ School/ID#: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School/ID#: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School/ID#: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School/ID#: \_\_\_\_\_

*I certify (promise) that all information provided is true and correct. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information my children may lose meal benefits, and I may be prosecuted under State and Federal statutes.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mailing Address/P.O. Box: \_\_\_\_\_

Phone #: \_\_\_\_\_

Return this completed and signed form to:

by

For more information, you may call \_\_\_\_\_ at \_\_\_\_\_ or e-mail at \_\_\_\_\_.

\_\_\_\_\_

**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:

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.