

## NOTIFICATION LETTER FOR DIRECTLY CERTIFIED STUDENTS

Dear Parent/Guardian:

Date: \_\_\_\_

Your child(ren) has been automatically **approved for free meals and/or milk** during the 2024-2025 school year. This approval is based on student/household eligibility for the Supplemental Nutrition Assistance Program (SNAP), and/or Medicaid. **ONLY RETURN THIS LETTER to your child(ren)'s school if you do not want the free school meals/milk benefits.**

**Please DO NOT fill out an application for free or reduced price meals and/or milk for the following child(ren):**

Student Name	School Name	Grade

If you have student(s) in your household that are not listed above, please contact this office at \_\_\_\_\_. Free meal benefits will be extended to all children residing in the same household.

**If you DO NOT want your student to receive these school meal benefits, please check the box below, sign and return this letter.**

I do not want free meals/milk benefits for my children listed above

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

Sincerely,

\_\_\_\_\_  
Signature

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

This institution is an equal opportunity provider.