NOTIFICATION LETTER FOR DIRECTLY CERTIFIED STUDENTS

Dear Parent/Guardian: Date: _____

Your child(ren) has been automatically approved to receive free meal benefits for the 2026–2027 school year.
This approval is based on your household's participation in the Supplemental Nutrition Assistance Program (SNAP) and/or Medicaid.
You only need to return this letter if you do not want your child(ren) to receive these free 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 eligibility benefits will be extended to all children residing in the same household.

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

☐ I do not want free eligibility benefits for my child(ren) listed above

_____ _____
Date Signature of Parent or Guardian

Sincerely,

_____
Signature

Nondiscrimination Statement:

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW, Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:**
   (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.