

Your School Information

NOTIFICATION OF PRE-APPROVAL FOR FREE SCHOOL MEALS

Date:

To The Parent/Guardian of

Because your child(ren) are enrolled in the 3SquaresVT program (formally called food stamps) your child(ren) will get FREE meals at school.

IF YOU WANT YOUR CHILD TO GET FREE MEALS – DO NOTHING! IF YOUR CHILD BRINGS HOME AN APPLICATION FOR FREE AND REDUCED PRICE MEALS, DO NOT FILL IT OUT.

If you **do not** want your child(ren) to receive free school meals, call _____ or write to: _____

If your child has been determined by a doctor to have a disability that prevents the child from eating regular school meals, the school will make substitutions if prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us at the phone number listed above.

Sincerely,

Name

Title

Keep this letter, as it may be helpful in determining your child's eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250 VHAP (8427).

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director of the Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

Your School Information

NOTIFICATION OF PRE-APPROVAL FOR FREE SCHOOL MILK

Date:

To The Parent/Guardian of

Because your child(ren) are enrolled in the 3SquaresVT program (formally called food stamps) your child(ren) will get FREE milk at school.

IF YOU WANT YOUR CHILD TO GET FREE MILK – DO NOTHING! IF YOUR CHILD BRINGS HOME AN APPLICATION FOR FREE MILK, DO NOT FILL IT OUT.

If you **do not** want your child(ren) to receive free school milk, call _____ or write to:
_____.

Sincerely,

Name

Title

Keep this letter, as it may be helpful in determining your child's eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250 VHAP (8427).

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Your School Information

NOTIFICATION OF APPROVAL OR DENIAL OF FREE/REDUCED MEALS OR FREE MILK

Date (insert date)

Dear (insert names of parents/guardians)

Thank you for submitting an application for free or reduced price meals or for the free milk program for:

(insert children's names on these lines)

The application for free or reduced price meals for your child/children is

Approved effective (insert date) for

Free meals

Reduced price lunch. The reduced price for lunch is 40 cents

Your child(ren) will receive breakfast at no charge.

Temporarily approved for free meals until (insert date) After that time you need to provide current income information or 3 Squares VT (food stamp) or Reach Up information

Approved for free milk

Denied because

The income reported is over the allowable amount.

We could not obtain your signature, Social Security number or other missing information on the application, after additional requests.

You may apply for meal benefits at any time during the school year. If you are not eligible now but have a decrease in income or increase in household size, or enroll in the REACH UP or 3 Squares VT program, you may contact the school if you have an existing application, or fill out an application at that time.

If you do not agree with the above decision, you may discuss it with:

(Name and phone number of Approving Official)

You also have the right to a fair hearing. To request a fair hearing write or call:

(Name and phone number of Hearing Official)

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Your School Information

REMINDER LETTER REGARDING EXPIRATION OF PREVIOUS
YEAR ELIGIBILITY BENEFITS

DATE:

TO:

FROM:

RE: School Meals and eligibility benefits.

Last year your family was eligible for Free / Reduced school meals. As of today, we have not received an application for the current year. Unless you submit an application, by _____ your child(ren) will have to pay the full price.

As of _____, your child(ren) will have to pay the following prices for school meals:

Breakfast \$ _____

Lunch \$ _____

Enclosed is information about the meals program. Also enclosed is another copy of the application form if you wish to apply.

You may call _____ at _____ if you want to discuss this matter.

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3SquaresVT/Food Stamp Verification for School Lunch Program

For school to complete:

School Name _____ Date _____

School Address _____

School representative _____

Phone _____ Email address _____

Please verify that the children identified below are receiving 3SquaresVT or Reach Up benefits. If there are additional children, please list them on the back of the form.

1. Parent's name _____ Case Number _____

2. Address _____

3. City _____ State _____ Zip code _____

Child's name _____

Date of birth _____ Social security number _____

Child's name _____

Date of birth _____ Social security number _____

Child's name _____

Date of birth _____ Social security number _____

**Send this form to: Department for Children and Families,
ESD Central Office Staff, School Lunch Verification,
103 S. Main St., Waterbury, Vt. 05671-1201**

Please enclose a self-addressed return envelope

For DCF to complete:

_____ The children identified above ARE receiving 3SquaresVT or Reach Up benefits.

_____ The children identified above are NOT receiving 3SquaresVT or Reach Up benefits.

DCF staff member verifying information _____

Date of verification _____ Phone: _____ Email _____

NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

Date _____

Dear _____:

Federal regulations require that schools conduct a review of a sample number of applications for free and reduced price meals to assure that only eligible students receive these benefits. Your child(ren)'s application has been selected as part of this review.

You must reply to this letter, or your child will not continue to receive free or reduced price meals. This letter requires that you send information or contact _____ by _____.
(Name) (Date)

YOU MUST SEND EITHER:

- papers that show that you get 3SquaresVT or Reach Up benefits for your child(ren)

OR

- papers that show your household's total gross income **AND** the name and social security number of each adult member of your household

The papers that you send may be for any point in time from the month before the date when you applied for free or reduce school meals this year up to the current time.

The Acceptable Information for Verification of Eligibility document lists the kinds of papers that you may use to prove that you get 3SquaresVT or Reach Up benefits for your child or to show your household's income. If possible, send *copies* of the documents, not the originals. If you do send original documents, we will not send them back unless you ask.

We will let you know the results as soon as we complete the review of all the materials you send to us. If you have any questions or if you need any help, please call _____
at _____ (Name)
(Phone Number)

Thank you for your cooperation.

Sincerely,

(Name)
(Title)

These are enclosed: *Acceptable Information for Verification of Free and Reduced Price Meals*

These are enclosed only if appropriate for your household:

*Names and Social Security Numbers of Adult Household Members
Letter a Household May Have the Social Security Office Complete
Letter a Household May Have an Employer Complete*

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**ACCEPTABLE INFORMATION FOR VERIFICATION OF ELIGIBILITY
FOR FREE AND REDUCED PRICE MEALS**

You must send **either**: (1) papers that show you receive 3SquaresVT, or (2) the names and social security numbers of each adult household member on the enclosed sheet **and** papers that show your household's income. You may use documentation of Food Stamps or income from the month preceding application through the current month.

IF YOU PUT A 3SquaresVT OR REACH UP CASE NUMBER ON YOUR CHILD(REN)'S APPLICATION BUT YOU NO LONGER GET 3SquaresVT OR REACH UP BENEFITS, you need to do **all** of the following:

1. Make out another application form with income information for everyone in your household.
2. Write the name and social security number of each adult household member on the application or on another piece of paper.
3. Send copies of pay stubs or other papers that show your current income from all sources.

IF YOU DO NOT RECEIVE 3SquaresVT OR REACH UP BENEFITS, you need to do **both** of the following:

1. Send copies of information or papers that show this information for each person who earned money in your household last month:
 - the amount of gross income received
 - the name of the person who received it
 - the date the income was received
 - how often the income is received
2. Write the name and social security number for each adult household member on the enclosed letter and send it to us.

ACCEPTABLE DOCUMENTS FOR SHOWING HOUSEHOLD INCOME

Earnings/Wages/Salary for each job:

- current paycheck stub or pay envelope that shows how much and how often pay is received
- letter from employer stating gross wages paid and how often they are paid
- Income Tax Return from previous year

Unemployment compensation, disability, Worker's Compensation:

- notice of eligibility from State employment security office
- Check stub
- Letter from Worker's Compensation

Welfare Payments (Reach Up, General Assistance)

- Letter from DCF that shows benefits received

Social Security/Pensions/Retirement Income:

- Social Security Retirement benefit letter
- Statement of benefits received
- Pension award notice

Child Support/Alimony

- Court Decree, agreement, or copies of checks received

All other income

- If you have other types of income (such as rental income) send information that shows the amount of income received, how often it is received, and the date(s) received

No income

- Send a note explaining how you provide basic necessities and when you expect income

If you have any questions, or need help deciding what to send, call _____

NAMES AND SOCIAL SECURITY NUMBERS OF ADULT HOUSEHOLD MEMBERS

If you do not show that you now receive 3SquaresVT or Reach Up for your child(ren), you need to complete this form and send it in with papers that show your current household income.

Directions: Fill in the name and social security number of each adult household member 21 years or older. If an adult does not have a Social Security number, write in the word "none".

HOUSEHOLD MEMBERS 21 YEARS OR OLDER	SOCIAL SECURITY NUMBERS
1.	
2.	
3.	
4.	
5.	
6.	

Privacy Act Statement:

The National School Lunch Act requires that, unless you show that you receive 3SquaresVT or Reach Up benefits for your child(ren), you must provide the social security number of each adult household member or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided for each adult household member or an indication made that an adult household member does not have a social security number benefits will be terminate. The social security number may be used to identify household members in verifying the correctness of information stated on the application and continued eligibility for the program. These verification efforts may be through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a 3SquaresVT/Food Stamp or welfare office to determine current certification for receipt of 3SquaresVT or Reach Up benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. This information must be provided to each adult household member disclosing his/her social security number.

LETTER A HOUSEHOLD MAY HAVE THE SOCIAL SECURITY OFFICE COMPLETE

**STATEMENT OF SOCIAL SECURITY
AND/OR SUPPLEMENTAL SECURITY INCOME (SSI)**

This statement is to confirm that _____ received the following
(Name of Claimant)

benefits from social security \$ _____ or SSI \$ _____ for the
month of _____.

Signature and Title of Official

Date

Address

City, State, Zip

Telephone

LETTER A HOUSEHOLD MAY HAVE AN EMPLOYER COMPLETE

STATEMENT OF EARNINGS

This statement is to confirm that _____ received the
(Employee's Name)

following amount of gross income (income before deductions for taxes, social security, insurance, etc. were made) in the **most recent** pay period \$ _____

This income is paid:

- Weekly
- Every Two Weeks
- Twice a Month
- Monthly
- Other (please explain) _____

Date the payment listed above was made _____.

Company Name

Federal Employer ID# (FEIN)

Signature of Employer or Employer Representative

Title

Address _____

City, State, Zip _____

Telephone _____

VERIFICATION RESULTS

Date: _____

Dear (insert names of parents/guardians):

Thank you for providing information we requested to verify your child(ren)'s eligibility for free or reduced price meals. The results are indicated below.

_____ Your child(ren)'s eligibility for meal benefits will **REMAIN AT** _____.

_____ **Starting immediately** your child(ren)'s benefits will **CHANGE FROM REDUCED PRICE TO FREE** because your income is within the free meal eligibility limits.

_____ On _____ (Insert date) your child(ren)'s benefits will **CHANGE FROM FREE TO REDUCED PRICE** because your income is over the allowable amount for receiving free benefits. The reduced price charge for lunch is \$ _____ and \$ _____ for breakfast.

_____ On _____ (Insert date) your child(ren)'s benefits will **CHANGE FROM FREE TO NO BENEFITS** because your income is over the allowable amount for receiving benefits. The full price for a student lunch is \$ _____ and \$ _____ for breakfast.

_____ On _____ (Insert date) your child(ren)'s benefits will **CHANGE FROM REDUCED PRICE TO NO BENEFITS** because your income is over the allowable amount for receiving reduced price benefits. The full price for a student lunch is \$ _____ and \$ _____ for breakfast.

_____ On _____ (Insert date) your child(ren)'s benefits will **BENEFITS WILL STOP** because you did not provide proof of current eligibility. The full price for a student lunch is \$ _____ and \$ _____ for breakfast.

Your child(ren)'s benefit may be reinstated if you provide the verification information that was requested.

If you do not agree with the decision above, you may discuss it with me. You also have the right to a fair hearing. If you request a hearing by 10 calendar days from the date of this letter, your child(ren) will continue to receive their current benefits until the decision of the hearing official is made. You may request a fair hearing by calling or writing:

Name: _____

Phone: _____

Address/City/State/Zip: _____

Sincerely,

(Approving Official Name, Title and Contact Information))

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Verification Roster or Log

SFA _____

School Year 2009 – 2010

Page ____ of ____

Directions: Once the sample of applications has been determined, enter the application number and the names of the students listed on the applications that were chosen for verification. For **Application Type**, enter “C” for **categorical**, “F” for **free by income** or “R” for **reduced**. Enter dates for each activity identified and simply check the appropriate column under “Results” and “Reasons.” Submit a copy of this completed form to Department of Education Child Nutrition Programs with the Verification Report by **December 15**.

Application Number	Name of Student	Application Type	Date(s)					Results of Verification				Reasons for Change			
			Selected and Notice Sent	Response Due	Income information verified	Terminated	Results sent to parent	a. No change	b. Changed to Free	c. Changed to Reduced	d. Changed to paid	e. No response	Not currently enrolled in 3Squares VT or RU	Income too high	Other

Form Completed by: _____ Phone Number _____

Email _____

Verification Report - see Instructions on the reverse side

1. LEA # (see on-line agreement)		Mail to: Child Nutrition Programs Vermont Department of Education 120 State Street Montpelier, VT 05620
2. SFA/School Name (see on-line agreement)		
3. Type of SFA	<input type="checkbox"/> Public <input type="checkbox"/> Private	
4. School Year	2009 – 2010	

PART 1 - New School year Enrollment, Application, and Eligibility Information as of October 1			PART 2 - Results of Verification							
5. Number of schools in this SFA operating a lunch and/or breakfast program			9. Check Which Type of Verification Method Used (see Verification Materials) <input type="checkbox"/> Basic Method: 3% of 09/10 approved/error prone applications, received up to Oct. 1 OR <input type="checkbox"/> Alternate Method: selecting applications either by <input type="checkbox"/> Random or <input type="checkbox"/> Focused							
6. Number of students enrolled in these schools that have access to the lunch and/or breakfast program			STEP 1. WHAT TYPES OF APPLICATIONS DID YOU VERIFY? →		A. FREE Categorically Eligible based on enrollment w/ Case # for Reach Up or 3SquaresVT/Food Stamps		B. FREE Based on Income and household size		C. REDUCED Price Eligible	
	# of STUDENTS	# of APPLICATIONS	STEP 2. WHAT WAS THE RESULT? ↓		# Students	#Apps	# Students	#Apps	# Students	#Apps
7-a	# DIRECTLY CERTIFIED STUDENTS who are approved as free, who are NOT SUBJECT to Verification, runaway and homeless youth, federal Head Start list, migrant list, residential students (RCCIs) and non-applicants certified by local officials.		10. Responded, No Change (column a. on Roster)							
			11. Responded, Changed to Free (column b. on Roster)							
7-b	# approved as FREE Based On 3SquaresVT/Food Stamps or Reach Up Case Numbers, submitted on an application CATEGORICALLY ELIGIBLE		12. Responded, Changed to Reduced (column c. on Roster)							
7-c	# approved as FREE Based On Income /household size		13. Responded, Changed to Paid (column d. on Roster)							
7. Total approved for FREE (must equal sum of 7-a through 7-c)			14. Did not respond and benefits were terminated (column e. on Roster)							
8. Total # approved for REDUCED										

Printed Name of Person completing form: _____ Date: _____ Phone Number: _____

#	Instruction	#	Instruction	Comments
1.	List the SFA's LEA# (The LEA # can be found in the LEA on-line application/agreement.)	7-a	Enter the number of students eligible for free meals based only on Direct Certification from your master lists.	Do not include students whose current eligibility is based on approval made last year and carried over to this year.
		7-b	In the first block & column, enter the number of students approved as FREE based on a 3SquaresVTor Reach Up case number submitted on an application (i.e. Categorically eligible). In the second block & column, enter the number of applications approved as FREE, Categorically eligible .	Since there is probably more than one student listed on some applications, the number of students will be at least the same as and probably greater than the number of applications you report in block 7-b.
2.	Enter the LEA's/School's full name. (The LEA name can be found in the LEA on-line application/agreement.)	7-c	In the first block & column, report the number of students approved for free meals based on Income . In the second block & column, enter the number of applications that were approved as free based on income .	Since there is probably more than one student listed on some applications, the number of students will be at least the same and probably greater than the number of applications you report in block 7-c. NOTE: FOSTER CHILDREN and their applications are counted in this block.
3.	Check one box	7	Enter the total number of students eligible for free meals approved for this school by October 1. The number in block 7 must equal the total of 7-a + 7-b + 7-c .	Do not include students whose current eligibility is based on approval made last year and carried over to this year.
4.	Already filled in for you	8.	In the first block & column enter the number of students approved for reduced price . In the second block enter the number of applications that were approved for reduced price meals .	Do not include students whose current eligibility is based on approval made last year and carried over to this year. Since there is probably more than one student listed on some applications, the number of students will be at least the same and probably greater than the number of applications you report in block 8.
5.	Enter the number of schools (sites) in the SFA that participate in the school breakfast and/or school lunch program	9.	Check verification method used.	The worksheet the Vermont Appendix explains these terms.
6.	Enter the total enrollment of students who have access to the breakfast and/or lunch programs at the sites reported in Block 5.	10. to 14.	In these blocks report the outcome for each application verified. In the first block enter the number of students who were approved on the applications verified in that category (listed at the top of the column) for that outcome (listed at the beginning of the row), and in the next block enter the number of applications that those students were on.	Find the column for the category or basis on which the application was originally approved for each application that was verified (i.e. was the application free based on income, etc.) Then find the Verification outcome for each application (i.e. there was no change, there was a change from free to reduced, etc.) Use your Verification Roster to determine results for each application.