Notice of Direct Certification Pre-Approval for Free School Meals

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**[Date]**

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and after school snacks (if your school offers this program) at school because they receive **3SquaresVT** or **Reach-Up benefits.**

|  |  |
| --- | --- |
| Name of Child | Name of School |
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If there are other school-age children in your household who aren’t listed above***, they also qualify for free meals.*** Please notify the school of the names of these additional children.

You will not have to complete the Free & Reduced Price Meal Application that your child brings home.

Please contact the school your child/children attend in the following situations:

* If there are other children in your household who are not listed above, and you would like them to receive free meals at school
* You do not want your children to receive free meals
* You have any additional questions

**[name]**

**[phone number]**

**[e-mail address]**

Sincerely,

**[signature]**

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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(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

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