Notice of Direct Certification Pre-Approval for Free School Meals

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Date]**

Dear Parent/Guardian:

The student(s) listed below are Directly Certified for free lunches, breakfasts, and after school snacks (if your school offers this program) at school because someone in the households receives **3SquaresVT**, **Reach-Up, Medicaid,** or **Dr. Dynasaur** benefits**.**

|  |  |
| --- | --- |
| Name of Child | Name of School |
|  |  |
|  |  |
|  |  |
|  |  |

Please let us know if there are other students who live with you and are not listed above. These students will also qualify for free meals.

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

Please contact the school your students attend in the following situations:

* If there are other students in your household who are not listed above
* You do not want your children to be directly certified to receive free meals
* You have any additional questions

**[name]**

**[phone number]**

**[e-mail address]**

Sincerely,

**[signature]**

Households who are approved for free or reduced price meals also qualify for the Affordable Connectivity Program, which provides a $30/month discount on internet service and a one-time discount of up to $100 on a computer or tablet. You can use this letter to show that you qualify. To find out more and enroll, visit <https://www.affordableconnectivity.gov/>.

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 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/ad-3027.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](http://mailto:program.intake@usda.gov/)

This institution is an equal opportunity provider.