Notice of Direct Certification Pre-Approval for Free School Milk

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**[Date]**

To the Parent/Guardian of:

|  |  |
| --- | --- |
| Name of Child | Name of School |
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Because your child(ren) are enrolled in the 3SquaresVT program, formerly called food stamps, your child(ren) will get FREE milk at school.

If you **do** want your child to get free milk – you do not have to take any further action! If your child brings home an application for free milk, you do not have to fill it out.

If you **do not** want your child(ren) to receive free school milk, call **[Name]** at **[Phone Number]** or write to:

**[Name]**

**[Address]**

Sincerely,

**[Signature]**

**[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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(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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