Notice of Direct Certification Pre-Approval for Free School Meals

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

**[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 |
|  |  |
|  |  |
|  |  |
|  |  |

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).

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits.  Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.  Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) found online at: <https://www.usda.gov/oascr/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
Washington, D.C. 20250-9410;

1. fax: (202) 690-7442; or

1. email: program.intake@usda.gov.

This institution is an equal opportunity provider.