Notice of Direct Certification Pre-Approval for Reduced-Price School Meals

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**[Date]**

Dear Parent/Guardian:

The student(s) listed below are Directly Certified for reduced-price meals because someone in the household receives **Medicaid** or **Dr. Dynasaur**. In Vermont, students who qualify for reduced-price meals receive meals at no charge.

|  |  |
| --- | --- |
| Name of Child | Name of School |
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Please let us know if there are other students who live with you and are not listed above. These students will also qualify for reduced-price meals.

Even though your student has been directly certified for reduced-price meals, they may still qualify for free meals if you submit the Free & Reduced Price Meal Application. Qualifying your student for free meals will help us get more federal money for the school meals program. Please help us by submitting the application if you have not done so already.

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 students to be directly certified to receive reduced-price meals
* You have any 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.

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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.