Verification Notice Letter – for independent school pricing programs

**[Insert Name of School]** **[Insert Date]**

Dear **[Insert Name of Parent/Guardian]**,

Your child’s meal application has been randomly selected for review. This review is called Verification. The purpose of Verification is to ensure that children are correctly determined to be free or reduced-price eligible for meals.

You must send proof that the information included on your application is correct and/or complete. We have included information below to assist you in providing this proof. Please do not send original papers. If you are unable to send copies of your original documents, the originals will be returned only if you request their return.

For more information about the review process, please contact **[Insert Official’s Name]** at **[Insert Contact Information, including phone number the household can call for assistance]**.

Please send copies of your proof of income to **[Insert Name of Verification Reviewing Official and Complete Mailing Address]** or deliver copies in person to **[Insert Complete Physical Address] by [Insert Date]**.

If you do not send information that proves your child is eligible to receive free or reduced-price meal benefits by **[Insert Date Inserted Above]**, your child’s free or reduced-price meal benefits will be stopped, and you will need to pay the full price for school meals.

*The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children’s eligibility for free and reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals.*

Thank you for your cooperation in this matter.

Sincerely,

**[Insert Signature]**

**[Printed Name]**

**[Title]**

Verification Instructions to Households

Follow the instructions for the option which applies to you, below.

Send information to:

**[Mailing Address]**

1. **If you were receiving benefits from 3SquaresVT or Reach Up when you filled out the meal application, or at any time since then, send us a copy of one of these:**
* 3SquaresVT or Reach Up Certification Notice that shows the dates of certification.
* Letter from the 3SquaresVT or Reach Up office that shows the dates of certification.
* Do not send your EBT card.
1. **If you are receiving this verification letter about a meal application for a homeless, migrant, or runaway student:**
* Please contact **[insert name of school and homeless liaison or migrant coordinator]** for help.
1. **If the student on the meal application is a foster child:**
* Provide written documentation that verifies the student is the legal responsibility of the agency or court, or
* Provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.
1. **If no one in your household receives 3SquaresVT or Reach Up benefits, and none of the above situations apply to your child:**
* Send these instructions, along with papers that show the amount of money your household receives from each source of income.
* The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

**Timeframe of acceptable income documentation:**

Please submit proof of one month’s income. You could use the month prior to application, the month you applied, or any month after that.

**Acceptable income verification papers, listed by type of income, include:**

*Jobs:* Pay stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid, use the Employer Earnings Verification Form included below; or, if you work for yourself, business or farming papers, such as ledger or tax books.

*Social security, pensions, or retirement:* Social Security retirement benefit letter, SSI letter, statement of benefits received, or pension award notice.

*Unemployment, disability, or worker’s comp:* Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation’s office.

*Welfare payments:* Benefit letter from the Reach Up or Department of Children & Families office.

*Child support or alimony:* Court decree, agreement, or copies of checks received.

*Other income (such as rental income):* Information that shows the amount of income received, how often it is received, and the date received.

*No income:* A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

*Military housing privatization initiative:* Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at **[e-mail address]**.

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

This institution is an equal opportunity provider.

3SquaresVT/Reach Up/Foster Child Verification for School Meals Program

For school to complete:

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please verify that the children identified below are receiving 3SquaresVT or Reach Up benefits, or are in DCF custody. If there are additional children, please list them on the back of the form.**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Child’s Name** | **Child’s Date of Birth**  |
|  |  |
|  |  |
|  |  |
|  |  |

Mail this form (please enclose a self-addressed return envelope) to:

**ATTN: Emily Hammond - ESD**

**Department for Children and Families**

**280 State Drive**

**Waterbury, VT 05671-1201**

Or fax to:

**(802)-241-0460**

For DCF to complete:

\_\_\_\_ The children/household identified above ARE receiving 3SquaresVT or Reach Up benefits.

\_\_\_\_ The child/children identified above are Foster Children.

\_\_\_\_ The children/household identified above are not receiving 3SquaresVT or Reach Up benefits.

\_\_\_\_ The child/children are NOT Foster Children.

DCF Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Verification: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Earnings Verification Form

A household may ask an employer to complete this form to verify earnings.

This statement is to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ received the

 (Employee's Name)

following amount of gross income (income before deductions for taxes, social security, insurance,

etc.) in the most recent pay period: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . .

The above-listed income is paid:

[ ]  Weekly

[ ]  Every two weeks

[ ]  Twice a month

[ ]  Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date the above-listed payment was made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Company Name |  | Federal Employer ID# (FEIN) |
|  |  |  |
| Signature of Employer or Employer Representative |  | Title |
|  |  |  |
| Address |  |  |
|  |  |  |
| City, State, Zip Code |  |  |

Verification Results Letter – for independent school pricing programs

**[Insert Name of School] [Insert Date]**

Dear **[Insert Name of Student’s Parent/Guardian]**,

We checked the information you sent us to verify that **[Insert name(s) of child(ren)]** are eligible for free or reduced-price meals and have decided that:

* Your child(ren)’s eligibility has not changed.
* Starting **[insert date]**, your child(ren)’s eligibility for meals will be changed from reduced-price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
* Starting **[insert date]**, your child(ren)’s eligibility for meals will be changed from free to reduced-price because your income is over the free meal eligibility limits but within the reduced meal eligibility limits. Reduced-price breakfasts and lunches are served at no charge.
* Starting **[insert date]**, your child(ren) is/are no longer eligible for free or reduced-price meals for the following reason(s):

\_\_\_ Records show that no one in your household received 3SquaresVT or Reach Up benefits.

\_\_\_ Records show that the child(ren) is/are not homeless, runaway, or migrant.

\_\_\_ Your income is over the limit for free or reduced-price meals.

\_\_\_ You did not provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ You did not respond to our request.

Meals cost **[$]** for lunch and **[$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received 3SquaresVT or Reach Up benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[Insert Verifying Official’s Name]** at **[Insert Contact Information]**. You also have the right to a fair hearing. If you request a hearing by **[10 calendar days from date of this letter]**, your child(ren) will be considered free or reduced-price eligible until the decision of the hearing official is made. You may request a hearing by calling or writing to the **[Insert Name of SFA]** Hearing Official: **[name]**, **[address]**, **[phone number]**, or **[e-mail].**

Sincerely,

**[Insert Signature]**

**[Printed Name]**

**[Title]**

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

This institution is an equal opportunity provider.