



Sample Letter

Letter Date: 7/31/2023

Effective Date:

Guardian of John Doe
Address 1 5th St, Address2
Some city, CO 55555

Direct Certification Notification

The National School Lunch and Breakfast Act allows school districts to directly certify students as eligible for free school meals using Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) information. Additionally, beginning in SY 2023-24, the Ohio Department of Education has been approved to directly certify students as eligible for free or reduced meals using Medicaid information.

Using this direct certification process, each student identified below qualified as FREE is automatically approved for free meals based on their eligibility for SNAP or OWF, or due to the SNAP or OWF eligibility of a sibling in the household. Furthermore, the State of Ohio now reimburses schools the former household financial obligation of a reduced-price meal (\$0.30 breakfast and \$0.40 lunch). Therefore, each student identified below qualified as REDUCED is automatically approved for FREE meals based on their eligibility for Medicaid, or due to the Medicaid eligibility of a sibling in the household.

Please DO NOT fill out a Free or Reduced-Price School Meals Application for the following student(s) listed below. If any of the information listed below is incorrect, or if you have any questions, please get in touch with the school office.

Primary Beneficiary: John Doe

Benefits Extended To: None

SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals. Please return to address below.

Please check a box:

Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Signature of Parent/Guardian: _____ Date: _____

FREE HEALTH CARE: Families with children eligible for school meal benefits may be eligible for FREE health care coverage through Ohio's Healthy Start & immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse, and more. Please call 1-800-324-8680 for more information or to request an application. Information can also be found on the web at <https://medicaid.ohio.gov/FOR-OHIOANS/Programs/Children-Families-and-Women>. *Note: If you have an Ohio Medicaid Card, you are already receiving these services.

If you DO NOT want your student to receive these school meal benefits, please fill out, and return the statement below to this office.

I DO NOT want my student(s) _____ to receive free meals.

Approving officials name and title
address
phone
email



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The contact information below is solely to file a complaint of discrimination 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, audiotope, 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:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

*Do not mail applications to this address, only complaints of discrimination.