**WE MUST CHECK YOUR APPLICATION-FOR VERIFICATION ONLY**

Dear **[household adult(s)]:** Date:

Your application was approved and [student names] is/are currently receiving free/reduced price meal benefits. However, there is one last step that you need to take. Each year we select different meal applications to confirm eligibility. This year, your household is selected. Please send us documents to confirm your eligibility.

To confirm eligibility, please provide copies of the required documenation based on your childs qualification, see below. Send copies of the documentation, not original papers.

**Send information to: [name of Verifying Official] by [insert due date].**

**Send this information via ONE of the following methods:**

* Take pictures of the requested documents with your phone/camera and email them to [e-mail address]. Include a picture of this page.
* OR mail documents along with this page to [school address]. If possible, please send copies, do not send originals.
* OR come in person to the office located at [school address] to drop off copies of the documents. Bring this letter with you.

**If you do not provide the information requested or provide incomplete information, your child(ren) may no longer be eligible for free or reduced-price meal status.**

**REQUIRED DOCUMENTATION:**

1. **If you were receiving benefits from FoodShare, Wisconsin Works (W-2) Cash Benefits or Food Distribution program on Indian Reservations** (**FDPIR)** **when you applied for free or reduced price meals, or at any**

**time since then:**

Provide a copy of your FoodShare or W-2 Cash Benefits or FDPIR Certification Notice that shows dates of certification Letter from FoodShare or W-2 Cash Benefits or FDPIR office that shows dates of certification. Do not send your EBT (QUEST) card.

1. **If you get this letter for a CHILD WHO IS homeless, migrant, or runaway, or A child enrolled in head start**, PLease contact [school, homeless liaison, or migrant coordinator] for ASSISTANCE.
2. **If the child is a Foster Child:**

Provide written documentation that verifies the child 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 FOODSHARe** **or W-2 CASH BENEFITS or FDPIR AND QUALIFIED BASED ON HOUSEHOLD INCOME:**

Provide the documents that show the amount of money your household gets from each source of income. Please provide copies of your original documents. 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.

*Acceptable papers include:*

* ***Jobs:*** Paycheck stub or documentation that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid. If you are self-employed, provide copies of documents such as ledger, tax books or Tax Form 1040 (i.e., Schedule C or Schedule F).
* ***Social Security, Pensions, or Retirement****:*Social Security retirement benefit letter, statement of benefits received, or pension award notice. Or, you can send the “Statement of Social Security and/or Supplemental Security Income” page, completed by an official.
* ***Unemployment, Disability, or Worker’s CompENSATION****:* Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation’s office.
* ***Child Support or Alimony****:* Court decree, agreement, or copies of checks or bank statement showing the amount received.
* ***Other income (such as rental income)****:*Information that shows the amount of income received, name of person who received, how often it is received, and the date received.
* ***No income****:* A brief note explaining how you provide for your household expenses (food, clothing, and housing, etc.) 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 assistance, 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].**

Sincerely,

**[Signature]**

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](mailto:program.intake@usda.gov)

 This institution is an equal opportunity provider.