WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your children will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)] [is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. If you were receiving Food Assistance or FIP benefits when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

- Notice of Decision that shows dates of eligibility.
- Letter from Food Assistance or Welfare Office that says you have gotten Food Assistance or FIP.
- Do not send your EBT card.

2. If you get this letter for a homeless, migrant or runaway child, please contact **[school, homeless liaison, or migrant coordinator]** for help.

3. If the child is a Foster Child, send us 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.

4. If no one in your household receives FIP or Food Assistance benefits, send this page along with papers that show the amount of money your household gets 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. Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification. **Send information to: [address].**

Acceptable papers include:

Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; 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, 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 welfare agency.

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.

Timeframe of Acceptable Income Documentation: Please submit papers from one month's income; you could use the month prior to application, the month you applied, or any month after that.

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].**

Sincerely,

[signature]

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Iowa Non-Discrimination Notice:"It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.7and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; web site: http://www.state.ia.us/government/crc/index.html."