

ATTACHMENT I

NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive *SNAP* or *TANF* benefits.

Name of Child	Name of School

If there are other children enrolled in the school district in your household who are not listed above, *they also qualify for free meals.*

Please contact the school your child/children attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school.
- You do not want your children to have free meals.
- You have any additional questions.

School Name: _____

Name of Contact: _____

Phone Number: _____

E-Mail Address: _____

Signature of School Official: _____

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Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

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