

ATTACHMENT J

NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact (*Name of School*) _____ by (*Date*) _____, or your child(ren) 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 BENEFITS FROM SNAP, TANF, OR FDPIR WHEN YOU APPLIED FOR FREE OR REDUCED-PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:
 - SNAP, TANF, or FDPIR Certification of Notice that shows dates of certification.
 - Letter from SNAP, TANF, or FDPIR office that shows dates of certification.
 - 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: 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.
4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP, TANF, OR FDPIR 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. *Send information to:* _____

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 you 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 office.

WELFARE PAYMENTS: Benefit letter from the TANF 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.

TIME FRAME 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.

If you have questions or need help, please call (*NAME*) _____ at (*TOLL-FREE/COLLECT/LOCAL TELEPHONE NUMBER*) () _____. The call is free. You may also e-mail us at _____.

Sincerely,

Signature

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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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