MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. **Manchester Essex Regional School District** offers healthy meals every school day at no cost to all students. We receive funding for this through the United States Department of Agriculture (USDA) and the Commonwealth of Massachusetts. Lunch and breakfast at no cost for our students is now permanent. We need your help to keep providing free meals to all students in future years.

Completing the meal benefit application can:

- help sustain free meals for our school(s) by increasing access to Federal funding
- drive funding for educational programs in our community
- help provide free summer meals to all kids, and free meals to kids in childcare in our community.

Families who qualify for free or reduced-price meals for their children also qualify for Sun Bucks starting in the summer of 2026. Sun Bucks provides extra money for groceries during the summer months when kids aren't in school. Your participation can help your family and your community. The information you provide is confidential. We follow strict federal rules to keep your information private.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free or reduced-price school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling **Project Bread's FoodSource Hotline at 1-800-645-8333** and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect: https://dtaconnect.eohhs.mass.gov/apply

Frequently Asked Questions

DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use one *Free and Reduced-Price School Meals Application* for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, phone number]**.

SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?

No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Diane Thibault at 978-526-4919 or thibaultd@mersd.org.

MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?

Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

WHO QUALIFIES FOR FREE OR REDUCED-PRICE MEALS?

All students in our schools will get free breakfast and lunch at school. But only some students qualify as "eligible" for free meals. These are:

- All children in households receiving benefits from **MA SNAP**, **MA TAFDC, FDPIR, or specific categories of Medicaid** are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**

- Children who meet the definition of **homeless, runaway, or migrant are eligible for free meals**.
- Children may receive free or reduced price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2026 - 2027			
Household size	**Yearly**	**Monthly**	**Weekly**
1	$29,526	$2,461	$568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each additional person:	+10,508	+876	+203

HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?

Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Alison Collins, Homeless Coordinator at collinsa@mersd.org.

I GET WIC. CAN MY CHILDREN GET FREE MEALS?

Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in a completed application.

WILL THE INFORMATION I GIVE BE CHECKED?

Yes. We may also ask you to send written proof of the household income you report.

IF I DON'T QUALIFY NOW, MAY I APPLY LATER?

Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?

You should talk to school officials. You also may ask for a hearing by calling or writing to*: Michelle Cresta, Director of Finance & Operations, at 978-526-4919 or email at crestam@mersd.org.*

WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?

List any additional household members on a separate piece of paper and attach it to your application.

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for **MA SNAP** or other assistance benefits, contact your local assistance office or call **the MA DTA Assistance Line at 1-877-382-2363 (press 7 to apply for SNAP)**.

If you have other questions or need help, call 978-526-4919 and ask for Diane or Michelle.

Sincerely,

Michelle Cresta
Director of Finance & Operations
Manchester Essex Regional School District
September 1, 2026

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 submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. 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.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination Statement:

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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 complaint 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

This institution is an equal opportunity provider.

Notice of Direct Certification - FREE

Dear Parent/Guardian:

All students will receive free breakfast and lunch at school. School districts are still required to conduct Direct Certification and notify households of the results. This notification is to let you know that your child has qualified for free meals based on Direct Certification.

The child(ren) listed below will receive free meals at school. Students are eligible if they:

- receive MA SNAP, MA TAFDC or
- receive Medicaid AND has a family income as measured by the Medicaid Program that does not exceed NSLP income guidelines or
- live in a household with a child that receives Medicaid AND has a family income as measured by the Medicaid Program that does not exceed NSLP income guidelines

If there are other children in your household who aren't listed, they also qualify for free meals.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling **Project Bread's FoodSource Hotline at 1-800-645-8333** and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect: https://dtaconnect.eohhs.mass.gov/apply

Name of Child	Name of School

Please contact **[school official's name]** at **[phone number]** or **[e-mail address]** if there are other children in your household who are not listed above and you would like them to receive free meals at school OR you do not want your children to receive free meals. If you should have any additional questions, please contact us.

[name]
[phone number]
[e-mail address]

Sincerely,
[signature]

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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Notice of Direct Certification - FREE

Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

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Notice of Direct Certification – REDUCED PRICE

Dear Parent/Guardian:

All students will receive free breakfast and lunch at school. School districts are still required to conduct Direct Certification and notify households of the results. This notification is to let you know that your child has qualified for reduced price meals based on Direct Certification. Your Child(ren) will still receive free breakfast and lunch at school.

If there are other children in your household who aren't listed, they also qualify for reduced price meals. Eligible students either:

- receive Medicaid or
- live in a household with a child that receives Medicaid AND has a family income as measured by the Medicaid Program that does not exceed NSLP income standards.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for reduced price school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling **Project Bread's FoodSource Hotline at 1-800-645-8333** and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect: https://dtaconnect.eohhs.mass.gov/apply

Name of Child	Name of School

Please contact **[school official's name]** at **[phone number]** or **[e-mail address]** if there are other children in your household who are not listed above and you would like them to receive reduced price meals at school OR you do not want your children to receive reduced price meals. If you believe this result may be incorrect, you may submit an application.

[name]
[phone number]
[e-mail address]

Sincerely,
[signature]

FEDERAL ELIGIBILITY INCOME CHART For School Year 26-27			
Household size	**Yearly**	**Monthly**	**Weekly**
1	**$29,526**	**$2,461**	**$568**
2	**40,034**	**3,337**	**770**
3	**50,542**	**4,212**	**972**
4	**61,050**	**5,088**	**1,175**
5	**71,558**	**5,964**	**1,377**
6	**82,066**	**6,839**	**1,579**
7	**92,574**	**7,715**	**1,781**
8	**103,082**	**8,591**	**1,983**
Each additional person:	**+10,508**	**+876**	**+203**

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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Notice of Household Approval/Denial of Benefits

Dear Parent/Guardian:

You applied for free or reduced-price meals for the following child(ren); _____

_____ _____

Your application was:

- ❑ Approved for free meals
- ❑ Approved for reduced price meals. Your child(ren) will still receive meals at no cost.
- ❑ Denied for the following reason(s):
  - ❑ Income over the allowable amount
  - ❑ Incomplete application because _____
  - ❑ Other _____

Students approved for reduced-price meals or who are denied will still receive breakfast and lunch at no cost in Massachusetts. The Commonwealth is supplementing National School Lunch Program funds to ensure all students have access to healthy school meals in Massachusetts. If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits, you may qualify if you have been approved for free or reduced meals. You may qualify even if your application has been denied. SNAP provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling **Project Bread's FoodSource Hotline at 1-800-645-8333** and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect: https://dtaconnect.eohhs.mass.gov/apply

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or **[e-mail address]**. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

Sincerely,

[signature]

Name Title Date

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Insert School District Letterhead

Dear Parent/Guardian:

Prior to initiating the hearing procedure, the parents or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information and obtain an explanation of data submitted in the application or the decision rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

Each LEA is required to develop their own official hearing procedure that is inclusive of all listed below.

The hearing procedure provides for the following:

1. A publicly announced, simple method for making an oral or written request.
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, any documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.
5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing is conducted and the decision made by a hearing official who did not participate in making the decision under appeal or any previously held conference regarding the meal benefit issuance process.
8. That the decision of the hearing official be based in the oral and documentary evidence presented at the hearing and be made a part of the hearing record.
9. That the parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official and that the decision of the hearing official is binding.
10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence, a summary of any oral testimony presented at the hearing, the decision of the hearing official including the reasons thereof and a copy of the notification to the parties concerned of the hearing official's decision.
11. That such written record be preserved for a period of 3 years after the close of the school year to which it pertains. These records shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

During the appeal and hearing procedure:

A. Children who have been denied benefits upon application shall not receive continued benefits during this period.

B. Children who have been approved for benefits but are subject to termination or reduction of benefits later in the same school year shall continue to receive benefits if an appeal of adverse action has been made within the 10-day advance notice period.

Advance notification shall be provided to families who receive a termination of benefits 10 calendar days prior to the actual termination. The notice shall advise households of: (1) the change; (2) the reason for the change; (3) the right to appeal the action within the 10-day advance notice period; (4) instructions on how to appeal and (5) the right to reapply any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the Local Educational Agency.

Any change in benefit status will not impact access to lunch and breakfast at no cost. All students in the district can access lunch and breakfast at no cost regardless of their individual eligibility for free or reduced-price meals.

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We MUST Check Your Application

You must send the information we need, or contact [name] by [date], or your child(ren) will no longer be identified as being eligible for free or reduced-price meals. This will not affect your child's access to free meals but may effect eligibility for other programs.

School: _____ Date: _____

Dear _____:

All students will receive free breakfast and lunch at school. The Commonwealth of Massachusetts has provided money to do this through the State budget. Program regulations requires schools to check some applications to ensure program integrity. Your application was randomly selected. 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* **MA SNAP, or MA TAFDC** *when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:*
   - **MA SNAP** or **MA TAFDC** Certification Notice that shows dates of certification.
   - Letter from **MA SNAP** or **MA TAFDC** 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* **MA SNAP** or **MA TAFDC** 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: **[address]**

Acceptable papers include:

- ***Jobs:***
  Paycheck stub or pay envelope that shows the amount and how often the 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's office.
- ***Welfare Payments:***
  Benefit letter from the **MA TAFDC** 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.

Timeframe 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 **[phone number]**. The call is free**. [Toll free or reverse charge explanation]**.

You may also e-mail us at [e-mail address].

Sincerely,

[signature]

Name
Title
Date

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

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   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

This institution is an equal opportunity provider.

We Have Checked Your Application

School: _____ Date: _____

Dear _____:

All students will receive free breakfast and lunch at school. The Commonwealth is supplementing National School Lunch Program funds to ensure all students have access to healthy school meals in Massachusetts. Program regulations requires schools to check some applications to ensure program integrity. This will not affect your child's access to free meals this school year but may affect eligibility for other programs.

The following was determined:

- ❑ Your child(ren)'s eligibility has not changed.

- ❑ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will continue to receive meals at no cost.

- ❑ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income was verified electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway* and met the guidelines for receiving free meals. Your child(ren) will continue to receive meals at no cost.

- ❑ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Your child(ren) will continue to receive meals at no cost.

- ❑ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income was verified electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway* and met the guidelines for receiving reduced price meals. Your child(ren) will continue to receive meals at no cost.

- ❑ Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
  ___ Records show that no one in your household received **MA SNAP**, **MA TAFDC, or Medicaid** benefits.
  ___ Records provided electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway* has determined that your income is over the limit.
  ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
  ___ Your income is over the limit for free or reduced-price meals.
  ___ You did not provide:_____
  ___ You did not respond to our request.

* The Virtual Gateway is an internet portal designed by the Massachusetts Executive Office of Health and Human Services (EOHHS) to provide the general public, medical providers, community-based organizations, Massachusetts Department of Elementary and Secondary Education, and EOHHS staff with online access to health and human services, allowing for easy access to critical health and human services programs and information. **If you do not agree with the Virtual Gateway eligibility determination, please contact [name] at [phone] to request a paper verification package, which will allow you to submit current income information.**

If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **MA SNAP, MA TAFDC** or **[FDPIR]** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number], or [e-mail].**
Sincerely,

[signature]
Name

Title
Date

Non-Discrimination Statement:

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

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Sharing Information with Medicaid/CHIP

Dear Parent/Guardian:

If your children are qualified for free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals,* ***unless you tell us not to.*** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

❑ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

Address: _____

_____

For more information, you may call **[name]** at **[phone] or e-mail: [e-mail address].**
Return this form to: **[address]** by **[date].**

Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school].**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school].**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school].**

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone] or e-mail at [e-mail address]**.
Return this form to: **[address]** by **[date]**.