SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get 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 at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.

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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:

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3. **email:**
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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]**.

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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 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 **[State SNAP]**, **[State 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:

- **[State SNAP]** or **[State TANF]** or **[FDPIR]** Certification Notice that shows dates of certification.
- Letter from **[State SNAP]** or **[State 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 **[State SNAP]** or **[State 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: [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 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 **[State 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.

Revised May 2025

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]

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 of 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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WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced-price meals and have decided that:

- ❑ 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 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. Reduced price meals cost **[$]** for lunch and **[$]** for breakfast.
- ❑ 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 **[State SNAP]** or **[State TANF]** benefits.
  ___ 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.

Meals cost **[$]** for lunch and **[$]** for breakfast. 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 **[State SNAP]**, **[State TANF]** 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]

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Revised May 2025

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

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

_____ _____
_____ _____
_____ _____

Your application was:

- ☐ Approved for free meals
- ☐ Approved for reduced price meals at $ _____ for lunch, $ _____ for breakfast, and $ _____ for snacks
- ☐ Denied for the following reason(s):
  - ☐ Income over the allowable amount
  - ☐ Incomplete application because _____
  - ☐ Other _____

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or at **[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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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 **[State SNAP] [State TANF] [State Foster] [Medicaid] or [Migrant]**.

Name of Child	Name of School

If there are other children in your household who aren't 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

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

Sincerely,

[signature]

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Revised May 2025

NOTICE OF DIRECT CERTIFICATION- MEDICAID REDUCED

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive **reduced-price** lunches, breakfasts, and snacks at school because they receive **Medicaid benefits through the Department of Children and Families**. The **reduced-price** cost for meals is $.40 for lunch and $.30 for breakfast. An application does not need to be submitted for your household.

Name of Child	Name of School

If there are other children in your household who aren't listed above***, they also qualify for reduced-price 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 **reduced-price** meals at school.
- You do not want your children to have **reduced-price** meals.
- You have any additional questions.

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

Sincerely,

[signature]

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