

## 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 [names of children] are eligible.

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

1. If you were participating in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (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 Notice that shows dates of certification.
  - Letter from Michigan Department of Health and Human Services that confirms SNAP or TANF benefits.
  - **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 assistance.
3. **If the child is a foster child**, send official documentation from the agency sponsoring the child.
4. **If you do not get SNAP, TANF, or FDPIR for your children:**  
Send this page along with documentation that shows the amount of money your household gets from each source of income.

The documentation 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 Documentation Includes:**

**Jobs:** Paycheck stub or pay envelope that shows the amount of pay and how often it is received; a letter from employer stating gross wages and how often they are paid; or business or farming information, 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 Compensation:** Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

**Welfare Payments:** Benefit letter from welfare agency.

**Child Support or Alimony:** Court decree, agreement, or Friend of the Court documentation of payments received.

**Other Income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date received.

**Self Employed:** Self-employed persons may use last year's income as a basis to project their current year's net income, unless their current net income provides a more accurate measure. Self-employed persons are credited with net income rather than gross income. Net income for self-employment is determined by subtracting business expenses from gross receipts.

For a household with income from wages and self-employment, each amount must be listed separately. When there is a business loss, income from wages may not be reduced by the amount of the business loss. If income from self-employment is negative, it should be listed as zero.

**No Income:** A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

**Military Pay:** Documentation of military benefits paid directly to the service person such as housing allowances and food or clothing allowances are considered income.

**Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

**Note for Deployed Service Members:** Only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay is excluded as income.

**Timeframe of Acceptable Income Documentation:** Please submit papers that show your income at the time that you applied for benefits, no more than a month prior. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need assistance, please send an email to **[email address]** or call **[name]** at **[phone number]**. The call is free. **[Toll free or reverse charge explanation]**.

Sincerely,

**[Signature]**

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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. You must include the last 4 digits of the social security number of the adult household member signing the application. The last 4 digits of the social security number are 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) 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.

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) 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**. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found [online](#) at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call **(866) 632-9992**. Submit your completed form or letter to USDA by:

**Mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**Fax:**

(202) 690-7442; or

**Email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.