

**Letter to the
Michigan Department of Health and Human Services
From the Local Educational Agency**

Date: _____

Dear _____:

The regulations for the Supplemental Nutrition Assistance Program and National School Lunch Program permit the Michigan Department of Health and Human Services to release Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) eligibility information to administrators of the National School Lunch and Breakfast Programs to ensure that only eligible children receive free meal benefits.

The receipt of SNAP and/or TANF automatically qualifies children for free school meals. Enclosed is a listing of the names and SNAP and/or TANF case numbers for those approved free meal applicants who have been selected for verification. They have been approved to receive free meal benefits because they have indicated that the child for whom application was made now receives SNAP and/or TANF benefits. On the enclosed listing, please indicate if these household members are currently participating in the SNAP and/or TANF program. This information will be used only to confirm the approved applicant's eligibility for free meals benefits.

Your prompt return of this listing will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact

_____ *(enter name of school official)* at _____ *(enter telephone number)*.

Sincerely,

Signature

Title

Enclosure

Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) Recipients Verification Form

Adult Household Member <i>(Last Name, First Name)</i>	Child(ren)'s Name <i>(Last Name, First Name)</i>	SNAP or TANF Case Number	Current Participation in SNAP or TANF	
			YES	NO

Signature of MDHHS Official

Title

Mailing Address

Date

City/State/ZIP

Telephone Number

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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.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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, 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

This institution is an equal opportunity provider.