

**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 (SNAP) and National School Lunch Program (NSLP) permit the Michigan Department of Health and Human Services to release (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

_____ at _____.
(School Personnel) (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 <i>(Yes/No)</i>	Current Participation in TANF <i>(Yes/No)</i>

Signature of MDHHS Official

Title

Mailing Address

Date

City/State/ZIP

Telephone Number

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.

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from

discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#) (AD-3027) found online at: [How to File a Complaint](#), and 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:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Links:

https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf

<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>