*PRINT ON SCHOOL LETTERHEAD*

**[*insert Date*]**

**Direct Certification Notification Letter for Meal Benefits**

The student(s) listed below have been directly certified for free school meals for the current school year based on eligibility for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Medicaid, Migrant, Homeless and/or Foster Child status.

Student names:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You do not need to fill out a free and reduced-price meal benefit application for the student(s) listed above.** They will receive free school meals unless you notify us that you do not want to receive these benefits.

If there are other student(s) in your household who are not listed above, they may also be eligible for free school meals. Please contact ***insert contact name and phone number*** 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; or
* you have any additional questions.

Sincerely,

***[insert* *Signature*]**

Name Title

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](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usda.gov%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2FUSDA-OASCR%2520P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf&data=05%7C01%7CSarah.D.Platt%40maine.gov%7C7d4fbf19eacf49251f5708da38c6ba9d%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C637884723440123074%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=eYGhrnnXSzXGTlXhV1opxtOujPm4MnoyLQCpEicayJ0%3D&reserved=0), 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)