

NOTIFICATION LETTER FOR DIRECTLY CERTIFIED STUDENTS

Dear Parent/Guardian:

Date: _____

Your child(ren) has been automatically **approved for free meals and/or milk** during the 2015-2016 school year. This approval is based on student/household eligibility for the Supplemental Nutrition Assistance Program (SNAP), and/or Medicaid. **ONLY RETURN THIS LETTER to your child(ren)'s school if you do not want the free school meals/milk benefits. Please DO NOT fill out an application for free or reduced price meals and/or milk for the following child(ren):**

Student Name	School Name	Grade

I do not want free meals/milk benefits for my children listed above

Sincerely,

Signature

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Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

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