

# **Attachment A - Modified Verification Letter**

# National School Lunch and School Breakfast Programs



*Gracias por colaborar con nosotros para ofrecer a tu(s) hijo(s) comidas escolares gratuitas o a precios reducidos. Si no respondes a esta carta, tu(s) hijo(s) dejará(n) de recibir estos beneficios. Visita [www.fns.usda.gov/verification](http://www.fns.usda.gov/verification) para leer esta carta en español.*

Dear [Susan],

Thank you for being a wonderful parent and partnering with us to provide your child(ren) with free/reduced price meals at school. Your application for [Mary, Tom, and Steven] was approved earlier this year for [free meals. / reduced price meals at \$\_\_\_\_\_ for lunch, \$\_\_\_\_\_ for breakfast, and \$\_\_\_\_\_ for snacks.]\*

This means you might be saving up to [\$468=(price of lunch + price of breakfast + price of snacks)\*180 school days] for each child this year!

**There is one last step that you need to take, however – we need to verify the information you gave us.** We randomly select households to verify to make sure that all children receive the free/reduced price meals that they are eligible for. Your household was selected.

**What you need to do:** Send the information we need or contact [Juanita Price] at [phone] or [email] by [Oct 16], or your child(ren) will stop receiving free/reduced meals.

We understand that your situation may have changed since you applied, or you may not remember exactly what you put on your application. Just send us what you have. And thank you for all that you do for your children.

Sincerely,  
[Signature]

[Superintendent/Food Service Director]  
[District of Columbia Public Schools]

**The documents you need to submit  
are explained on the next page →**

\*If you do not agree with the decision, you may discuss it with [school official's name] at [phone number] or [email]. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer." The Richard B. Russell National School Lunch Act requires the information on this application. While providing the requested information is voluntary we cannot approve your children for free or reduced price meals if you do not provide the information. 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. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

## To submit documents for [\[Mary, Tom, and Steven\]](#) by [\[Oct 16\]](#):

Please read the three questions below. Follow the instructions if the question is relevant to you. There are two ways to submit documents:

- Take pictures of the documents with your phone/camera and email them to [\[e-mail\]](#), indicating the name(s) of the child(ren) the documents are for.
- Send original documents or copies along with this letter [\[to mailing address\]](#) using the envelope provided. We will send the originals back to you.

Contact [\[Juanita Price\]](#) at [\[\(xxx\)-xxx-xxxx\]](#) or at [\[e-mail address\]](#) if you have any questions!

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**1. Were you or someone in your household receiving benefits from [\[State SNAP\]](#), [\[State TANF\]](#) or [\[FDPIR\]](#) at the time of application, or since?**

**Yes.** Please send us one of these documents:

- [\[State SNAP\]](#), [\[State TANF\]](#) or [\[FDPIR\]](#) Certification Notice that shows dates of certification.
- Letter from [\[State SNAP\]](#), [\[State TANF\]](#) or [\[FDPIR\]](#) office that shows dates of certification.

Do not send your EBT card! Call [\[Juanita Price\]](#) at [\[\(xxx\)-xxx-xxxx\]](#) if you don't have any of the documents listed above. If you send us this information, you are done. You do not need to go to the other steps.

**No.** Return this letter along with documentation of your household's sources of income for either the month prior to application submission or any month after. The document(s) must show\*\*:

- **Name** of person who received the income
- **Date** received
- **Amount** received
- **How often** it was received

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**2. Is the child a homeless, migrant, or runaway child?**

**Yes.** Please contact [\[school, homeless liaison, or migrant coordinator\]](#) for help.

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**3. Is the child a foster child?**

**Yes.** Return this letter along with written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

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\*\*Here's a list of acceptable documentation. Multiple papers can be used to support one individual's information:

**Jobs:** Paycheck stub or pay envelope. If the stub or envelope does not list how often you receive pay, please include a letter from employer stating gross wages and how often you are paid; or, if you work for yourself, please include business or farming papers, 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 Comp:** Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation office.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other Income (such as rental income):** Information that shows the name of the person who received the income, the date it was received, how much was received, and how often it was received.

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

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