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# Letter to Household, Eligibility Based on Household Meal Application

*{insert contracting entity (CE) letterhead}*

*{insert date}*

Dear *{insert parent or guardian name}*:

We have reviewed your application for free and reduced-price school meals for the following student(s):

*{insert student’s name}, {insert name of school}*

Your application has been:

[ ]  Approved for free meals.

[ ]  Approved for reduced-price meals. Reduced-price lunch costs *{insert the cost of lunch};* breakfast costs *{insert the cost of breakfast; if not charging for breakfast, insert $0.00}*; and afterschool snack at a cost of *{insert the cost of snack}.*

[ ]  Denied for the following reason(s):

[ ]  Income over the allowable amount.

[ ]  Incomplete application, please complete the forms attached to provide the needed information.

If you do not agree with the decision, you may discuss it with *{insert name and phone number of the reviewing official and email address if appropriate}*. You also have a right to a fair hearing. To request a fair hearing, call or write the following official within 10 calendar days:

*{insert name and title of hearing official}*

*{insert address}*

*{insert telephone number}*

You may reapply for meal benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size, or qualify for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Federal Distribution Program on Indian Reservations (FDPIR), you may fill out another application at that time.

Sincerely,

*{insert signature of reviewing official}*

# Letter to Household, Directly Certified Free Eligibility for Individual Student(s)

*{insert contracting entity (CE) letterhead}*

*{insert date}*

Dear *{insert name of parent or guardian}*:

Our records indicate that student(s) listed below live in your household and are eligible for free school *{insert appropriate program meals: breakfast, lunch, and afterschool snack}* meals and will automatically receive free meals starting immediately.

*{insert student’s name}, {insert name of school}*

Please do not fill out or return a household meal application for the student(s) listed above.

However, if there is another student living in your household who is not listed above, you may apply for free or reduced-price meal benefits for this student by completing and returning a household meal application. If you submit an application for another student, you should include the student(s) listed above on the household meal application in order to indicate the total size of your household. However, the eligibility of these students will not be based on the household meal application.

The student(s) listed above may also qualify for free or low-cost children’s health insurance. For more information on low-cost children’s health insurance, please call toll-free (877) 782-6440.

If you do not want these meal benefits for the student(s) listed above or if you have questions about this program, please contact:

*{insert name and title of person reviewing program eligibility}*

*{insert address}*

*{insert telephone number and email address if appropriate}*

Sincerely,

*{insert signature of reviewing official}*

# Letter to Household, Directly Certified Free Eligibility for the Household

*{insert contracting entity (CE) letterhead}*

*{insert date}*

Dear *{insert name of parent or guardian}*:

Our records indicate that the student(s) listed below live in your household and are eligible for free school *{insert breakfast or lunch meals and/or afterschool snack}* and will automatically receive free meals starting immediately.

*{insert student’s name}, {insert name of school}*

If a student in your household is not listed above, please call the school at *{insert phone number and email address if appropriate}* and ask if the other student(s) should receive free meals.

Please do not fill out or return a household meal application for your household.

The student(s) listed above may also qualify for free or low-cost children’s health insurance. For more information on low-cost children’s health insurance, please call toll-free (877) 782-6440.

If you do not want these meal benefits for the student(s) listed above or if you have questions about this program, please contact:

*{insert name and title of contact person reviewing program eligibility}*

*{insert address}*

*{insert telephone number and email address if appropriate}*

Sincerely,

*{insert signature of reviewing official}*

# Letter to Household, Directly Certified Reduced-Price Eligibility for the Household

*{insert contracting entity (CE) letterhead}*

*{insert date}*

Dear *{insert name of parent or guardian}*:

Our records indicate that the student(s) listed below live in your household and are eligible for reduced-price school *{insert breakfast or lunch meals and/or afterschool snack}*. Reduced-price lunch costs {insert the cost of lunch}; breakfast costs {insert the cost of breakfast; if not charging for breakfast, insert $0.00}; and afterschool snack at a cost of {insert the cost of snack}.

*{insert student’s name}, {insert name of school}*

If a student in your household is not listed above, please call the school at *{insert phone number and add email address if appropriate}* and ask if the other student(s) should also receive reduced-price meals.

Please do not fill out or return a household meal application for your household.

The student(s) may also qualify for free or low-cost children’s health insurance. For more information on low-cost children’s health insurance, please call toll-free (877) 782-6440.

If you do not want these meal benefits for the student(s) listed above or if you have questions about this program, please contact:

*{insert name and title of contact person reviewing program eligibility}*

*{insert address}*

*{insert telephone number and email if appropriate}*

Sincerely,

*{insert signature of reviewing official}*

# Letter to Household, Community Eligibility Provision (CEP)

*{insert contracting entity (CE) letterhead}*

*{insert date}*

Dear *{insert name of parent or guardian}*:

We are pleased to inform you that *{Insert Name of School(s)/District implementing CEP}* will be implementing the Community Eligibility Provision (CEP) under the National School Lunch and School Breakfast Programs for School Year *{insert school year, i.e., 2017-2018}*. In CEP schools, applications are no longer required.

Schools that participate in CEP provide healthy breakfasts and lunches each day at no charge for ALL students enrolled in that CEP school during the *{insert school year, i.e., 2017-2018}* School Year.

If you need more information, please contact us at

*{insert name and title of contact person reviewing program eligibility}*

*{insert address}*

*{insert telephone number and email if appropriate}*

Sincerely,

*{insert signature of reviewing official}*

# Letter to Household, Special Assistance Provision 2 (P2), Base Year

*{insert contracting entity (CE) letterhead}*

*{insert date}*

Dear *{insert name of parent or guardian}*:

We are pleased to inform you that *{Insert Name of School(s)/District implementing P2}* will be implementing Provision 2 (P2) under the National School Lunch and School Breakfast Programs for School Year *{Insert school year, i.e., 2014-2015}*. Under P2, all students receive {*breakfast/lunch/breakfast and lunch}* at no charge.

Please complete the attached application for your household and return it to the school.

If you need more information, please contact us at

*{insert name and title of contact person reviewing program eligibility}*

*{insert address}*

*{insert telephone number and email if appropriate}*

Sincerely,

*{insert signature of reviewing official}*

# Letter to Household, Special Assistance Provision 2 (P2), Non-Base Year

*{insert contracting entity (CE) letterhead}*

*{insert date}*

Dear *{insert name of parent or guardian}*:

We are pleased to inform you that *{insert name of school(s)/district implementing P2}* will be implementing Provision 2 (P2) under the National School Lunch and School Breakfast Programs for School Year *{Insert school year, i.e., 2014-2015}*. Under P2, all students receive *{breakfast/lunch/breakfast and lunch}* at no charge.

This year your household does not need to submit an application.

If you need more information, please contact us at

*{insert name and title of contact person reviewing program eligibility}*

*{insert address}*

*{insert telephone number and email if appropriate}*

Sincerely,

*{insert signature of reviewing official}*