**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 meals. While recent nationwide flexibilities allow all student(s) at the school to receive free meals during school year 2021-2022, this eligibility certification ensures that the student(s) listed below will also be eligible for free meals for the first 30 days of the 2022-2023 school year while new eligibility determinations are being processed.

*{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 also be certified. **If you received a household meal application, you do not need to complete it 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}*

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