**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}*:

**For the 2021-2022 school year, all students will be offered free meals.**

However, our records indicate that the student(s) listed below live in your household and are eligible for reduced-price school meals beginning in the 2022-2023 school year. This eligibility determination will begin in 2022-2023 and last until a new eligibility determination is made or 30 operating days pass.

*{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 an email address if appropriate}* and ask if the other student(s) should also receive reduced-price meals. **If you received a household meal application, you do not need to complete it 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}*

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