

NOTIFICATION OF CONTINUATION OF BENEFITS AS A RESULT OF VERIFICATION

(OPTIONAL)

Date: _____

Dear _____:

Thank you for cooperating with the _____
(insert name of school division)

in its verification of eligibility for school meal benefits. The materials you have submitted are sufficient for us to verify that your child is eligible for the meal benefits he or she is receiving.

We appreciate your cooperation and support during this process. If you have any questions concerning our program, please feel free to contact our office.

Sincerely,

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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.