

**ELIGIBILITY NOTIFICATION LETTER  
DIRECT CERTIFICATION**

Date: \_\_\_\_\_

Dear Parent/Guardian:

Each student identified below is automatically approved for free school meals based on his/her eligibility for Food Stamps/ Virginia Temporary Assistance for Needy Families (TANF)

Student's Name:		Student's Name:	
School:		School:	
Student's Name:		Student's Name:	
School:		School:	

Please **do not** fill out an application for free or reduced price meals for this (these) child(ren). Your child(ren) will receive free meals unless you notify us that you do not want your child(ren) to receive these benefits.

If you **do not want** your child to receive these benefits, please call \_\_\_\_\_.

If any of the information listed above is incorrect, or you have any questions, please contact this office at \_\_\_\_\_.

**Other Benefits:** Your (child)ren listed above may also be eligible for free or low cost health insurance through Medicaid or the Virginia Family Access to Medical Insurance Security (FAMIS). Because health insurance is so important to children's well-being, the law allows us to tell MEDICAID and FAMIS that your (child)ren is/are eligible for free meals. If you do not want us to share your information, PLEASE CHECK THE BOX BELOW and return this letter to the school official listed below.

**NO!** I **do not** want the information about my child(ren)'s eligibility for free meals to be shared with Medicaid and/or state children's medical insurance program (FAMIS).

\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date

**You must tell the school when you no longer receive food stamps or VA TANF for your child. If this occurs you may re-apply for meal benefits by filling out an application obtained from your child's school.**

Sincerely,

\_\_\_\_\_  
Signature of Approving Official\_\_\_\_\_  
Date

<p>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.</p>
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