## LETTER TO HOUSEHOLDS NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

(Student's	Name)	(	School)		(Date)
IMPORTA	NT: YOU MI	JST ANSWER THIS L	ETTER		
Dear			:		
If you do no	ot reply to this	letter, your child will not	continue to re	eceive free or re	educed price meals.
This letter r	equires that y	ou submit information to	or contact		
by	cou do not reply to this letter, your chest letter requires that you submit information (date)  Ir child's application has been sedents receive free or reduced prior must send either: (1) papers that the name and social security numbers that show your household's cur		-	(officia	l's name)
				iew to make s	ure only eligible
(2) the nam	ne and social s	security number of each	adult househo		
now get foo	od stamps or \	nation that shows the kin /A TANF for your child o If you do send original o	r to show you	r household's ir	ncome. If possible, do
If you do no benefits by		ation that proves your cl these date above)			
If you have	any questions	s or if you need any help	, please call		
at If you do not h		. If you do not hear for	rom us by	(date)	(name) , free or reduced
\I	,	without change.		(date)	
Thank you	for your coope	eration in this matter.			
Sincerely,					
Enclosures		Information for Free and Ricial Security NumbersEnd		lealsEnclosure	#1)

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