|  |  |
| --- | --- |
|  | Eligibility Based on: |
|  | Direct Certification |
|  | Foster |
|  | McKinney-Vento |
|  | Migrant Liaison |

**Notification of Predetermined Eligibility**

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS

(Rev. 8-23) G/Tools/SNP/Notification of Predetermined Eligibility 8-23

|  |
| --- |
| Date |

Dear

Our records indicate that the child/ children listed below live in your household and is/ are eligible for free school lunch, breakfast and snack. This child/these children will automatically receive free meals beginning immediately. If a child in your household is not listed below, please call the school at **[****].** We hope this will make it easier for your child/children to take part in school meals. Also, this child/children may qualify for free or low-cost children’s health insurance.

|  |  |
| --- | --- |
| Child(ren)’s Name(s) | School Name |
|  |  |
|  |  |
|  |  |
|  |  |

At the beginning of the school year a letter to parents and an application for free and reduced-price meals are distributed to each household. Do not fill out or return an application for the child/ children listed above. If you do not want the free meals for your child/ children or if you have any questions about this program, please contact:

If your children receive free or reduced-price school meals, they may also be able to get free or low-cost health insurance through Medicaid. For more information about Medicaid please call toll-free call: 1-844-854-4825 or online at <https://www.applyforhelp.nd.gov/>

Sincerely,

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. fax:  
   (833) 256-1665 or (202) 690-7442; or
3. email:  
   [program.intake@usda.gov](http://mailto:program.intake@usda.gov/) *This institution is an equal opportunity provider.*