

LETTER TO HOUSEHOLD SELECTED FOR VERIFICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION CHILD NUTRITION AND FOOD DISTRIBUTION

(Rev. 2/15) G/Tools/SNP/Letter to Household Selected for Verification

Date _____

Dear _____

Your Free and Reduced Price School Meals Application has been selected to be checked. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that your children are eligible for free or reduced price meals.

You must send the information we need, or contact _____ by _____, or your children will stop receiving free or reduced price meals.

To verify that your household is eligible for free or reduced price meal benefits, send copies of the following (all that are checked). If possible, send copies, not originals. If you do send originals, they will be sent back to you only if you ask.

- Earnings/Wages/Salary for each job
 - Current paycheck stub that shows gross wages paid and how often it is received-**OR-**
 - Letter from employer stating gross wages paid and how often they are paid

Return the form and copies of your papers to the school
- Self Employed Persons (including farmers)
 - Most recent copy of federal tax form 1040-**OR-**
 - If previous year tax form does not show current income status, business or farming papers such as ledger or tax books may be used

Return the form and copies of your papers to the school
- Social Security/Pensions/Retirement
 - Social Security retirement benefit letter-**OR-**
 - Statement of benefits received-**OR-**
 - Pension notice

Return the form and copies of your papers to the school
- Unemployment Compensation/Disability or Worker's Compensation
 - Notice of eligibility from State Unemployment Office-**OR-**
 - Check stub-**OR-**
 - Letter from Worker's Compensation

Return the form and copies of your papers to the school
- Supplemental Nutrition Assistance Program (SNAP - formally known as Food Stamps) or Temporary Assistance for Needy Families (TANF) benefits
 - Benefit letter from agency
- Child Support/Alimony
 - Court decree, agreement or copies of checks received
- Foster Child
 - Official documentation from the agency sponsoring the child
- All other income
 - If you have other forms of income (such as rental income) send information or papers that shows the amount of income received, how often it is received, and the date received

Return the form and copies of your papers to the school

Send information to: _____

If you have any questions or if you need help, please call _____ at _____

Sincerely,

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation or all or part of the individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish).

USDA is an equal opportunity provider and employer.