

NOTIFICATION LETTER REGARDING MEALS – SNP/CHARGE

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
(Rev. 3/11) G/Tools/SNP/Notification Letter Regarding Meals-SNP-Charge

Date

Dear
Your application for free or reduced-price meals for your child(ren) has been:

<input type="checkbox"/> Approved for free meals	<input type="checkbox"/> Approved for reduced-price meals. The charges are: Lunch Breakfast
<input type="checkbox"/> Denied for the following reason(s): <input type="checkbox"/> Income is over the allowable amount <input type="checkbox"/> Incomplete application: Missing information _____ <input type="checkbox"/> Other _____	

If you do not agree with the decision, you may discuss it with the school. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Name			
Address			
City	State	Zip	Telephone

You may apply for benefits at any time during the year. If you are not eligible now, but have a decrease in household income, become unemployed, have an increase in family size, or begin to receive SNAP benefits, TANF, or FDPIR benefits, fill out an application at that time.

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance). For more information about Medicaid or SCHIP, please call toll-free call: 1-877-KIDS-NOW (1-877-543-7669) or online at www.healthystepsnd.com

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the information below:

Child(ren)'s Name(s):	

Signature of Parent/Guardian:	Printed Name:
Mailing Address:	Date:

For more information, you may call:

Name:	Phone Number:
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If you checked no, return this form to:

Address:	By: _____ Date:
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Sincerely,