Contents

[Documents for the Household 2](#_Toc145494756)

[Verification Notification 2](#_Toc145494757)

[Verification Selection Letter for Households 3](#_Toc145494758)

[Verification Information for Households 4](#_Toc145494759)

[Verification Information Request | Statement of Earnings 5](#_Toc145494760)

[Statement of Earnings Form 5](#_Toc145494761)

[Verification Information Request | Statement of Social Security Income 6](#_Toc145494762)

[Statement of Social Security Income Form 6](#_Toc145494763)

[Notification of Verification Results 7](#_Toc145494764)

[Continuation of Benefits Letter 8](#_Toc145494765)

[Results/Adverse Action Letter – Income 9](#_Toc145494766)

[Results/Adverse Action Letter – SNAP/TANF 10](#_Toc145494767)

[Results/Adverse Action Letter – Foster 11](#_Toc145494768)

[Documents for the CE 12](#_Toc145494769)

[Verification Information Request | SNAP/TANF Multiple Applicant 12](#_Toc145494770)

[SNAP/TANF Multiple Applicant Letter 13](#_Toc145494771)

[SNAP/TANF Multiple Applicant List 14](#_Toc145494772)

# Documents for the Household

## **Verification Notification**

Purpose: The Verification Selection Letter for Households sample is intended to provide notification to households that their child’s household meal application has been randomly selected for verification of eligibility. The Verification Information for Households sample is intended to provide those selected households with a detailed list of requested documentation based on their eligibility type. *These letters are prepared by the CE and provided directly to selected households.*

Instructions for the CE:

1. Prepare the Verification Selection Letter and Verification Information for Households by filling in the blanks with appropriate information as indicated by the descriptions in italics.
2. Provide the Selection Letter and Information to selected households.

### **Verification Selection Letter for Households**

*{insert date}*

Dear *{insert addressee name}*:

Your child’s household meal application has been randomly selected as part of a review of eligibility determinations—called the verification review. This review is intended to make sure that only eligible children receive free or reduced-price meal benefits.

For this review, you must send documentation to support that the free or reduced-price meal benefits that have been awarded to your household are correctly awarded. We have enclosed an information sheet to assist you in providing the needed proof.

If possible, please do not send original papers. If you are unable to send copies of your original documents, the originals will be returned **only if you request their return**.

For additional information on the review process, please contact *{insert official’s name}* at *{insert contact information}*.

Please send your proof to *{insert name of verification reviewing official and complete mailing address}* or return it in person at *{insert complete address}* by *{insert date}*.

If you do not send information that proves your child is eligible to receive free or reduced-price meal benefits by *{insert date}*, your child’s free or reduced-price meal benefits will be stopped.

Thank you for your cooperation in this matter.

Sincerely,

*{signature*

*name of person signing form*

*address*

*telephone number}*

***Enclosure:***  *Verification Information for Households*

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children’s eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals.

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, 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/ad-3027.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](mailto:Program.Intake@usda.gov).   
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### Verification Information for Households

*Choose the type of household eligibility determination that applies to your household and provide the documentation as described. Please contact {insert Verification Official’s name and contact information} if you have any questions.*

|  |  |  |
| --- | --- | --- |
| Household eligibility is based on income information submitted for all household members on a household application. | | |
| Provide the school with one of the following types of income documentation:   * *Earnings/Wages/Salary Documentation—*Current paycheck stubs or pay envelope, employer statement describing gross wages, or business or farming papers such as ledger or tax books. * *Social Security/Pensions/Retirement—*Social Security retirement benefit letter, statement of benefits received, or pension award notice. * *Unemployment Compensation/Disability or Worker’s Compensation—*Notice of eligibility from State Employment Security Office, check stub, or letter from Worker’s Compensation. * *Welfare Payments (General Assistance)—*Benefit letter from welfare agency. * *Child Support/Alimony—*Court decree; agreement; or copies of checks received. * *All Other Income—*Other forms of income (such as rental income) that show the amount of income received, how often received, and date received. * *No Income—*Brief note explaining how you provide food, clothing, and housing for your household and when you expect an income. | | *Current income* is the amount of money your household received for a complete month for any time between the month prior to the application being submitted and the time period the household is required to provide verification information. The documents you send must show the following:   1. amount of income received by all household members, 2. name of person who received it, 3. date income was received, and 4. how often payment is received. |
| Household eligibility is based on someone in the household receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), and you recorded the Eligibility Group Determination (EDG) number for the person who receives SNAP or TANF on the household application. | | |
| *If the EDG number was for benefits the person received during the current school year, provide one of the following documents to the school:*   * SNAP or TANF certification notice showing the dates of the certification period. * Letter from the SNAP or TANF office stating that a person in the household currently receives SNAP or TANF. | *If the EDG number was for benefits received during a previous school year but not the current school, you will need to do the following:*   * Complete a household application reporting income information for everyone in your household. * Attach copies of pay stubs or other papers showing current income. * Submit this documentation to your child’s school.   Once the household application is reviewed, you will receive notification of the eligibility determination from the school. | |

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children’s eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals.

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, 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/ad-3027.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](mailto:Program.Intake@usda.gov).   
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## Verification Information Request | Statement of Earnings

Purpose: This form is intended to be used when households need to provide proof of income as part of the eligibility verification process. It is completed by the household member’s employer. Adults are not required to submit this form when households are completing a household application for meals.

Instructions:

1. The household member will record the employee’s name in the designated space and give the form to the appropriate employer representative.
2. The employer will complete each blank, providing requested earnings information, employer contact information, signature, date, and return the form to the household member.
3. The household member will return the form to the school contract for the verification process.

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### Statement of Earnings Form

*(To be completed by Employer)*

|  |  |  |
| --- | --- | --- |
| This statement is to confirm that  received the following | | |
|  | | *(Name of Employee)* |
| amount of gross income before taxes, social security insurance, and other deductions are taken from the paycheck: | | |
| $  on | | |
| *(Amount of Paycheck)* | *(Date of Paycheck)* | |
| Please check amount of time in the pay period covered by this paycheck. | | |

|  |
| --- |
| Weekly  Every two weeks  Twice a month  Monthly  Other |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *(Printed Name)* | *(Signature of Employer)* | *(Today’s Date)* |
|  |  |  |
| *(Employer Address)* | *(Employer Telephone Number)* |  |

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## Verification Information Request | Statement of Social Security Income

Purpose: This form is intended to be used when households need to provide proof of income as part of the eligibility verification process. It is completed by a Social Security office official. Parents are not required to submit this form when households are completing a household application for free or reduced-priced meals.

Instructions:

1. The CE will provide the form to the households needing a verification statement from the Social Security Office.
2. The Household Member will enter the appropriate claimant name and provide the form to the Social Security Office.
3. The Social Security Official will:
   1. Provide the appropriate information in each blank of the form.
   2. Sign and date the form in the designated space.
   3. Record a contact address and telephone number for the person completing the form in the designated spaces.
   4. Return the form to the household member.
4. The Household Member will return the form to the CE for verification.

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

### Statement of Social Security Income Form

*(Completed by Social Security Official)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This statement is to confirm that  *\_\_\_\_\_\_\_\_\_\_\_*  received the following amount of gross | | | | |
|  | | | *(name of claimant)* | |
| Social Security income  *\_*or Supplemental Security (SSI) income  *\_\_* | | | | |
|  | | *(amount of Social Security income)* | | *(amount SSI income)* |
| for the month of . | | | | |
|  | *(month amount was paid)* | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Printed Name of Social Security Official* | *Signature of Social Security Official* | *Date* |
|  |  |  |
| *Address* | *Telephone Number* |  |

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## **Notification of Verification Results**

Purpose: The Notification of Verification Results letter samples are intended to provide household notification of the CE’s verified determination of eligibility. The letters are intended to finalize the verification process and provide households with appropriate continuation of benefits or adverse action information based on the results of the CE’s determination.

Instructions for the CE:

1. Prepare the appropriate Notification of Verification Results letter sample based on the household’s verified eligibility determination by filling in the blanks with appropriate information as indicated by the descriptions in italics.
2. Provide the appropriate Notification of Verification Results letter to each household selected for verification.

### Continuation of Benefits Letter

*{insert date}*

Dear*{insert parent name}:*

Thank you for assisting *{insert name of contracting entity (CE)}* in verifying your child(ren)’s eligibility for school meal benefits. The materials you have provided allowed us to verify your child(ren)’s eligibility.

Based on the documentation you provided,

* Your child(ren) is(are) receiving the correct meal benefits.
* Your child(ren) is(are) eligible to receive free meals instead of reduced-price meals. The higher benefits will apply as of *{insert date increased benefits apply}*.

We appreciate your cooperation and support during this process. If you have any questions concerning our program, please feel free to contact our office.

Sincerely,

*{signature*

*name of person signing form*

*address and telephone number}*

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### Results/Adverse Action Letter – Income

Date: *{insert date}*

School: *{insert school(s) name(s)}*

Dear: *{insert parent name}*

We have completed verification of your child(ren)’s eligibility for school meals. Starting on *{insert date of change—within 10 operating days after the final day of the 10-calendar day advance notice},* your child(ren)’s eligibility for meal benefits will be changed from

Free to Reduced-Price

Documentation provided by your household shows that the household income is over the allowable amount for free meals. However, your household does qualify for reduced-price meals.

Documentation provided by your household shows that the household income is over the allowable amount for free meals. However, we were able to determine that the all students in the household are eligible for reduced-price meals based on participation in the Children’s Health Insurance Program (CHIP) or in Medicaid.

The reduced-price charge is \_\_\_\_\_\_ for lunch, \_\_\_\_\_\_ for breakfast, and \_\_\_\_\_\_ for snacks.

Free or Reduced-Price to Paid

Documentation provided by your household shows that the household income is over the allowable amount for free or reduced-price meals.

You did not provide proof of current eligibility. The following information is missing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The paid charge is \_\_\_\_\_\_ for lunch, \_\_\_\_\_\_ for breakfast, and \_\_\_\_\_\_ for snacks.

You have the right to appeal this decision. To appeal this decision, you must request a hearing by calling or writing *{insert name, address, and telephone number for hearing official}* by *{insert 10 calendar days from date the notification is sent}*. If you request a hearing by *{insert 10-calendar days from date sent}*, your child(ren) will continue to receive free meals until the decision of the hearing official is made. For more information about this decision and the process to appeal this decision, call *{insert verifying official’s name and telephone number}*.

If you are not eligible for benefits at this time but have a decrease in household income, become unemployed, or have an increase in the size of your household in the future, you may fill out a new household meal application to reapply for benefits.

Sincerely,

*{insert printed name*

*signature*

*address and telephone number}*

Enclosures**:** *Free and Reduced-Price Household Application; Verification of Free and Reduced-Price Eligibility | Information for Households*

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### Results/Adverse Action Letter – SNAP/TANF

Date: *{insert date}*

School: *{insert school(s) name(s)}*

Dear: *{insert parent name}*

We have completed verification of your child(ren)’s eligibility for school meals. Starting on *{insert date of change—within 10 operating days after the final day of the 10-calendar day advance notice},* your child(ren)’s eligibility for meal benefits will be changed from

Free to Reduced-Price

Available records show that your household is not receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits at this time. However, available data does show that your household receives the type of Medicaid benefits that gives reduced-price eligibility to children in the household.   
The reduced-price charge is \_\_\_\_\_\_ for lunch, \_\_\_\_\_\_ for breakfast, and \_\_\_\_\_\_ for snacks.

Free to Paid

Available records show that your household is not getting Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits at this time.   
The paid charge is \_\_\_\_\_\_ for lunch, \_\_\_\_\_\_ for breakfast, and \_\_\_\_\_\_ for snacks.

You may also complete a household meal application and provide your current income information. We will review the household meal application and income information to determine if the children in your household are eligible for free or reduced-price meals based on this documentation.

You also have the right to appeal this decision. To appeal this decision, you must request a hearing by calling or writing *{insert name, address, and telephone number for hearing official}* by *{insert 10 calendar days from date the notification is sent}*. If you request a hearing by *{insert 10-calendar days from date sent}*, your child(ren) will continue to receive free meals until the decision of the hearing official is made. For more information about this decision and the process to appeal this decision, call *{insert verifying official’s name and telephone number}*.

If you are not eligible for benefits at this time but have a decrease in household income, become unemployed, or have an increase in the size of your household in the future, you may fill out a new household meal application to reapply for benefits.

Sincerely,

*{insert printed name*

*signature*

*address and telephone number}*

Enclosures**:** *Free and Reduced-Price Application; Verification Information for Free and Reduced-Price Meals*

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### Results/Adverse Action Letter – Foster

Date: *{insert date}*

School: *{insert school(s) name(s)}*

Dear: *{insert parent name}*

We have completed verification of eligibility for school meals for the foster child/ren in your household. Starting on *{insert date of change—within 10 operating days after the final day of the 10-calendar day advance notice},* the eligibility for *{insert name(s) of child(ren)}* for meal benefits will be changed from

Free to Paid—Documentation provided by your household or available records did not show that the child(ren) named above has/have been placed in your household by a foster program administered by the state of Texas or by a court with jurisdiction in the state of Texas.   
The paid charge is \_\_\_\_\_\_ for lunch, \_\_\_\_\_\_ for breakfast, and \_\_\_\_\_\_ for snacks.

Free Eligibility for the Household—We were unable to verify the foster eligibility for the child(ren) named above but we were able to determine that the all students in the household are eligible for free meals based on SNAP, TANF, or Medicaid participation.

Reduced-Price Eligibility for the Household—We were unable to verify the foster eligibility for the child(ren) named above, but we were able to determine that the all students in the household are eligible for reduced-price meals based on Medicaid participation.   
The reduced-price charge is \_\_\_\_\_\_ for lunch, \_\_\_\_\_\_ for breakfast, and \_\_\_\_\_\_ for snacks.

If we were unable to verify that the foster child(ren) was/were eligible, you may also complete a household meal application and provide your current income information. We will review the household meal application to determine if the children in your household are eligible for free or reduced-price meals based on this documentation.

You also have the right to appeal this decision. To appeal this decision, you must request a hearing by calling or writing *{insert name, address, and telephone number for hearing official}* by *{insert 10 calendar days from date the notification is sent}*. If you request a hearing by *{insert 10-calendar days from date sent}*, your child(ren) will continue to receive free meals until the decision of the hearing official is made. For more information about this decision and the process to appeal this decision, call *{insert verifying official’s name and telephone number}*.

If you are not eligible for benefits at this time but have a decrease in household income, become unemployed, or have an increase in household size in the future, you may fill out a new household meal application to reapply for benefits.

Sincerely,

*{insert printed name*

*signature*

*address and telephone number}*

Enclosures: *Free and Reduced-Price Household Application; Verification of Free and Reduced-Price Eligibility | Information for Households*

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# Documents for the CE

## Verification Information Request | SNAP/TANF Multiple Applicant

Purpose: This form is intended to be used during the verification process to assist the Contracting Entity (CE) in determining the eligibility of participants who have qualified for free meals based on household SNAP or TANF eligibility. *This form is prepared by the CE, but verification is determined by the SNAP or TANF official.*

Instructions:

1. The CE will:
   1. Prepare the Multiple Applicant Letter by filling in the blanks with appropriate information as indicated by the descriptions in italics.
   2. Using the Multiple Applicant List, record the names of the adult and child household members and SNAP/TANF household Eligibility Determination Group number (EDG#) in the designated columns.
   3. Provide the letter and list to the SNAP/TANF agency for verification.
2. The SNAP or TANF Official will:
   1. Review each household name and child’s name on the list.
   2. Mark the appropriate response for SNAP/TANF eligibility—No/Yes—in the designated space under the Current Participation in SNAP or TANF, No/Yes columns.
   3. Record the name, signature, date, address, and telephone number of the SNAP/TANF Official in the designated spaces and return the list to the CE.
3. The CE will:
   1. Review the responses from the SNAP or TANF official, and take all necessary steps based on that response.

### SNAP/TANF Multiple Applicant Letter

*[If Contracting Entity (CE) letterhead stationery is not used, insert the words “Letter to the SNAP/TANF Office from the {CE Name}” ]*

*{insert date}*

Dear: *{insert SNAP/TANF official’s name and title}*

When an individual in a household receives Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) benefits, children in the household automatically qualify for free school meals. The regulations for SNAP and TANF permit SNAP and TANF offices to release eligibility information to administrators of the National School Lunch Program (NSLP) and School Breakfast Program (SBP) in order to ensure that only eligible children receive free meal benefits.

Enclosed is a list of approved free meal applicants who have been selected for verification of benefits and have indicated that a child or member of the household receives SNAP and/or TANF benefits. On the enclosed list, please indicate if these household members are currently participating in the SNAP and/or TANF Program and provide the signature information as requested. This information will be used only to confirm the approved applicant’s eligibility for free meal benefits.

Your return of the list by *{insert date}* will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact me at the number listed below.

Sincerely,

*{insert printed name*

*signature*

*address*

*telephone number}*

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### SNAP/TANF Multiple Applicant List

*Mark each household/child as a current participant of SNAP/TANF or not.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *(Completed by the CE)* | | | Current Participation in SNAP or TANF | |
| Adult Household Member  (Last Name, First Name) | Child(ren)’s Name  (Last Name, First Name) | SNAP/TANF  Eligibility Determination Group Number (EDG#) |
| No | Yes |
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| --- | --- | --- |
|  |  |  |
| *Printed Name of SNAP/TANF Official* | *Signature of SNAP/TANF Official* | *Today’s Date* |
|  |  |  |
| *Address* | *Telephone Number* |  |

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