[INSERT DISTRICT LETTERHEAD]

(name of school/district) announces no-cost meals for all students

For the (School Year), (Name of School/District) will provide no-cost (Breakfast, Lunch, or Breakfast and Lunch) for all students. (Name of School/Schools) will participate in the Community Eligibility Provision.

Students who are not hungry perform better in school. By providing (Breakfast, Lunch, or Breakfast and Lunch) to all students, we better support their learning.

It is important for households to still provide income information when requested. While meals will be provided at no cost to all students in participating schools, (Name of School/District) must continue to gather this information to receive full access to state and federal funding. Additional funds go directly to schools to help cover the cost of meals, after-school activities and other nutritional programs for students. **Plus, qualifying households may be eligible for Summer EBT benefits and to receive discounted school fees, class materials, bus passes, utilities support, and more.**

The following contains more information on eligibility determination for free and reduced-price meals. Please note that, while the following pages may reference eligibility for free or reduced-price school meals, **(Breakfast, Lunch, or Breakfast and Lunch) will be provided free to all students in the (School Year) school year regardless of household income.**



[Insert school district name] announced its policy for determining eligibility of students who meet federal free and reduced-price school meal guidelines [or free milk] served under the National School Lunch and School Breakfast Programs [list other Child Nutrition Programs here, if applicable, such as the Afterschool Care Snack Program and Special Milk Program]. Local school officials will use the following household size and income criteria for determining eligibility.

| **Household Size** | **Free Guidelines – Annual Income** | **Reduced-Price Guidelines – Annual Income** |
| --- | --- | --- |
| **1** | **$18,954** | **$26,973** |
| **2** | **$25,636** | **$36,482** |
| **3** | **$32,318** | **$45,991** |
| **4** | **$39,000** | **$55,500** |
| **5** | **$45,682** | **$65,009** |
| **6** | **$52,364** | **$74,518** |
| **7** | **$59,046** | **$84,027** |
| **8** | **$65,728** | **$93,536** |
| **For each additional person:** | **$6,682** | **$9,509** |

Children from families whose income is at or below the levels shown are eligible for free or reduced-price meals.

The school meals that (Name of School/District) serves follow U.S. Department of Agriculture guidelines for healthy school meals.

For information on where to find an application and how to apply, please read the attached letter.

Applications for free and reduced-price school meals, instructions and an informational letter to households are available (provide locations and/or web address for online applications). Only one application is required for all students in the household. The information provided on the application is confidential and will be used only for determining eligibility and verifying data.

Applications from households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, Food Distribution Program on Indian Reservations (FDPIR) benefits or Temporary Assistance for Needy Family (TANF/Colorado Works, Basic Cash Assistance or State Diversion) benefits need to provide the respective case number and the signature of an adult household member. Eligibility for free school meals is extended to all students in the household when the application provides a case number for any household member.

Households that qualify based upon income must provide the names of all household members related or not (such as grandparents, other relatives or friends), the amount of gross income each household member receives, the frequency and source of pay, the signature of an adult household member and the last four digits of that adult household member’s Social Security number—or check the box if the adult household member does not have a social security number. [Insert school district name] or program officials may verify the information on the application at any time during the school year.

Households with students who are eligible under the Head Start, homeless, migrant, or runaway programs should contact [insert liaison or district contact] for assistance in receiving meal benefits. To complete an application, the household must mark the relevant box to indicate their appropriate eligibility and the signature of an adult household member is required.

Foster students who are under the legal responsibility of a foster care agency or court are eligible for free school meals. Any foster child in the household is eligible for free school meals regardless of income. If a household has only foster students in the home and wishes to apply for free school meals, the application should be completed using the instructions for *households with foster children only*. If a household has foster and non-foster children living with them and wishes to apply for free school meals, the application should be completed using the instructions for *households with foster and non-foster children residing in the home*. Including foster children as household members may help other children in the household qualify for meal benefits. If the foster family is not eligible to receive meal benefits, it does not prevent a foster child from receiving free school meals.

An application cannot be approved unless it contains complete eligibility information as indicated on the application and instructions.

When determined by [Insert school district name], that members of a household are receiving assistance from SNAP, TANF, Medicaid or FDPIR, households will be notified of their student’s eligibility for free or reduced-price school meals. If the household receives such notice, no application is required for free or reduced-price school meal benefits. If any students in the household were not listed on the eligibility notice or not listed on the application, the household should contact [Insert school district name] to have benefits extended to all students in the household.

When determined by [Insert school district name], that an individual child is categorized as homeless, migrant, or runaway or is enrolled in an eligible Head Start program, households will be notified of the child’s eligibility for free school meals. For any students not listed on the eligibility notice, the household should contact [Insert school district name] about eligibility under one of these programs or should submit an application for other students.

[Insert school district name] will notify households of their student’s eligibility for free or reduced-price school meals. The eligibility is valid for the current school year and a carryover period of up to 30 operating days into the next school year. When the carryover period ends, unless the household is notified that their student(s) are directly certified or the household submits an application that is approved, [Insert school district name] will not send a reminder or a notice of expired eligibility and the student must pay full price for school meals. Households notified of their student’s eligibility for free or reduced-price school meals must contact [Insert school district name] if they choose to decline meal benefits.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced-price meals. Please contact your school district.

Under the provision of the free and reduced-price school meal policy, [Name of district determining official] will review applications and determine eligibility. If a parent is dissatisfied with the decision, a request may be made to discuss it with the determining official. A formal appeal may be made either orally or in writing to [Name of district hearing official and contact information] for a hearing to appeal the decision. [Insert school district name] has a copy of the complete free and reduced-price school meal policy, which may be reviewed by any interested party. The policy contains an outline of the hearing procedure.

Applications may be submitted at any time during the school year. The household may complete an application if any household member(s) have a decrease in income, become unemployed, have an increase in family size, become eligible for SNAP, TANF or FDPIR benefits or become categorically eligible.

If you are eligible for free or reduced-price school meals you may be eligible for SNAP, TANF, Medicaid or FDPIR.

For more information about the above assistance programs please visit: [https://coloradopeak.secure.force.com](https://urldefense.proofpoint.com/v2/url?u=https-3A__coloradopeak.secure.force.com_-3Ffs-3Dy&d=DwMFaQ&c=sdnEM9SRGFuMt5z5w3AhsPNahmNicq64TgF1JwNR0cs&r=SyQRVIvn8gtJrhsvyCQUWffhhsviFWO2x2WViDD6tA0&m=BD8mD67XgQMQESi0WHUR-DLG8isqkpvTMnAmFY9rE5I&s=lr9LxeolPlLG4_PUeIldWhhV4qUo0JoAe4uHBOwG9Gk&e=).

**Non-discrimination statement**

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.