

Prototype Direct Certification Eligibility Notification Letter
(Put on Sponsor Letterhead)

**NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAM
ELIGIBILITY NOTIFICATION LETTER**

Date:

Dear Parent/Guardian:

The National School Lunch and Breakfast Act allows school districts to directly certify students as eligible for free school meals using Food Assistance Program (SNAP, formally known as Food Stamps) or Ohio Works First (OWF) information. Each student identified below is automatically approved for free meals based on his or her eligibility for SNAP or OWF or due to the SNAP or OWF eligibility of a sibling in the household. Please do not fill out a Free or Reduced-Price School Meals Application for this (these) student(s).

<u>Student Name</u>	<u>Address</u>	<u>School</u>	<u>Grade</u>
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If any of the information listed above is incorrect, or if you have any questions, please contact the school office.

FREE HEALTH CARE: Families with children eligible for school meal benefits may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at <http://jfs.ohio.gov/ohp/bcps/hshf/index.stm>. ***Please Note: If you have an Ohio Medicaid Card, you are already getting these services.**

Sincerely,

Local School Official

If you **DO NOT** want your student to receive these school meal benefits, please fill out, detach and return the statement below to this office.

DATE:

I DO NOT want my student _____ (student's name) _____ to receive free meals.

Signature of parent or guardian _____

This institution is an equal opportunity provider.