**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 Supplemental Nutrition Assistance Program (SNAP) 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 the following student(s).

Student Name Address School Grade

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 <https://medicaid.ohio.gov/FOR-OHIOANS/Programs/Children-Families-and-Women> . \***Note: If you have an Ohio Medicaid Card, you are already receiving these services.**

Sincerely,

Local School Official

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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.