**Notification of Predetermined Eligibility (Direct Certification)**

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS

(Rev. 09/19) G/Tools/SNP/Notification of Predetermined Eligibility 9-19

|  |
| --- |
| Date |

Dear

Our records indicate that the child/ children listed below live in your household and is/ are eligible for free school lunch, breakfast and snack. This child/these children will automatically receive free meals beginning immediately. If a child in your household is not listed below, please call the school at **[****].** We hope this will make it easier for your child/children to take part in school meals. Also, this child/children may qualify for free or low-cost children’s health insurance.

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| --- | --- |
| Child(ren)’s Name(s) | School Name |
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At the beginning of the school year a letter to parents and an application for free and reduced-price meals are distributed to each household. Do not fill out or return an application for the child/ children listed above. If you do not want the free meals for your child/ children or if you have any questions about this program, please contact:

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). For more information about Medicaid or SCHIP, please call toll-free call: 1-844-854-4825 or online at [medicaidcc@nd.gov](mailto:medicaidcc@nd.gov). Or contact your local County Social Service office. Contact information is available at the following weblink: [nd.gov/dhs/locations/countysocialserv/](file:///C:\Users\segge\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\1F6RTMH9\nd.gov\dhs\locations\countysocialserv\)

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.  
   
To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;  
   
(2) fax: (202) 690-7442; or  
   
(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
   
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