

Sample Parent Letter

INSERT YOUR AGENCY LETTERHEAD

The _____ (*Name of Sponsoring Organization*) is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive food stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following 2014-2015 income eligibility standards will be used for determining eligibility for free meals:

<u>Household Size</u>	<u>Income Eligibility Guidelines</u>				
	<u>Year</u>	<u>Month</u>	<u>Twice per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	\$21,775	\$1,815	\$ 908	\$ 838	\$ 419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$ 567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$ 715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$ 863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,225	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional family member, add	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

Eligibility has been established for the site(s) listed. No further documentation is required.

Please fill out and return an "Application for Free and Reduced Price School Meals/Milk."

Persons interested in receiving more information should contact:

(Name, Address and Phone Number of Sponsor)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

X

(Signature of Authorized Representative)

(Date)

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at site(s) and times as follows:

(Enter camp and/or closed enrolled site(s) information)

Site Name			
Site Address			
Begin Date	End Date	Meals Available	Service Times

Site Name			
Site Address			
Begin Date	End Date	Meals Available	Service Times

Site Name			
Site Address			
Begin Date	End Date	Meals Available	Service Times

Site Name			
Site Address			
Begin Date	End Date	Meals Available	Service Times

Site Name			
Site Address			
Begin Date	End Date	Meals Available	Service Times

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Site Address			
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Site Name			
Site Address			
Begin Date	End Date	Meals Available	Service Times