

## SAMPLE NOTIFICATION LETTER - DIRECT CERTIFICATION

Date: \_\_\_\_\_

Dear Parent/Guardian:

Each student identified below is automatically approved for free school meals for the current school year based on your eligibility for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Foster Child status.

Name of Student	Grade	School Name

Please **do not** fill out a Household Eligibility Application for free or reduced price meals for the students listed above. This student(s) will receive free meals unless you notify us that you do not want to receive these benefits. **If you do not want your child to receive free meal benefits** please completely fill out the information below and return to the school office no later than \_\_\_\_\_.

(Insert Date)

**If you have student(s) in your household who are not listed above, please contact this office at the telephone number provided below at your earliest convenience.** A Household Eligibility Application is NOT needed; free meal benefits will be extended to all children residing in the same household except foster child status is for the foster child only.

I DO NOT want my child(ren), as listed above, to receive free meal benefits.	
_____	_____
Date	Signature of Parent or Guardian

<b>Sharing Information with All Kids – All Kids is a complete healthcare program for every child in Illinois.</b>	
I DO NOT want eligibility information of my children, as listed above, shared with All Kids.	
_____	_____
Date	Signature of Parent or Guardian

If any of the information listed above is incorrect, or you have any questions, please contact this office at (\_\_\_\_) \_\_\_\_\_.

Sincerely,

_____	_____
Name	Title

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