

## Notification of Predetermined Eligibility (Direct Certification)

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS

(Rev. 3/11) G/Tools/SNP/Notification of Predetermined Eligibility

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 [phone number      ]. 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.

Child(ren)'s Name(s)	School Name

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). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance). For more information about Medicaid or SCHIP, please call toll-free call: 1-877-KIDS-NOW (1-877-543-7669) or online at [www.healthystepsnd.com](http://www.healthystepsnd.com)

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

### If you checked no, fill out the information below:

Child(ren)'s Name(s):	

Signature of Parent/Guardian:	Printed Name:
Mailing Address:	Date:

### For more information, you may call:

Name:	Phone Number:
-------	---------------

### If you checked no, return this form to:

**By:**

Address:	Date:
----------	-------

Sincerely,

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.