Sample Letter to Households in Schools/Districts No Longer Participating in the

**Community Eligibility Provision**

*(Copy and Paste Sample Letter onto School District Letterhead)*

Dear Parent or Guardian:

Previously, (*insert name of school(s)/district)* offered breakfast and lunch at no charge to all students each day through an option called the Community Eligibility Provision (CEP), which is available to some schools that participate in the National School Lunch Program and School Breakfast Program (SBP).

Due to (*insert reason, e.g. improved economic conditions)*, CEP is no longer a viable option for (*insert name of school(s)/district*). (*Insert name of school(s)/district*) will continue to offer a healthy breakfast and lunch to students during the school day, but will return to the previous system of collecting household applications for households that wish to apply for free or reduced priced meals.

**What does this mean for you and your child(ren)?**

* Your household must meet eligibility requirements for your child(ren) to receive free or reduced price meals at school.
	+ You may submit an application with your household income information for your child(ren) to qualify for free or reduced price meals. Applications are available at *(insert information about where applications may be obtained)*.
	+ If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) benefits, Temporary Assistance for Needy Families (TANF) benefits, or Food Distribution Program on Indian Reservations (FDPIR) benefits, your child automatically qualifies for free meals. You should receive a notification from (*Insert name of school(s)/district*), informing you that you do not need to submit an application. If you or a household member receives SNAP, TANF, or FDIPR benefits, but you do not receive a notification, you may submit an application with your case number to qualify for free meals.
	+ You may also submit an application to qualify for free meals based on your child’s status
	as a homeless, runaway, migrant, or foster child, or your child’s participation in Head Start. You may indicate your child’s status on the application.

If your child does not qualify for free meals, your child may purchase meals at the reduced price or paid rate, depending on their eligibility status.

* + *(Insert information about the paid and reduced price cost of breakfast and lunch at the school.)*
	+ *(Insert information about the school food authority’s meal charge policy.)*

If you have any questions, or need assistance completing your application for free or reduced price meals, please contact *(insert name of school/district official)* at *(insert contact information).*

Sincerely,

*(Name)*