

DIRECT CERTIFICATION EXAMPLE

2023-2024 School Year

Clark County School District Food Service Department

01/02/2024

To the parents or legal guardian of:

SID #: [REDACTED]

Dear parent/guardian:

The above child is eligible for **FREE** meal benefits (does not include à la carte items) based on participation in another qualifying program. No further action is required of you. If you wish to decline meal benefits, please contact Free & Reduced staff at the number listed above.

If there are other children in your household who did not receive this letter they **MAY** also qualify for free meals but you must contact Free & Reduced staff to review and initiate benefits if eligible.

Keep this letter for your reference.

You may call the Free and Reduced staff if you disagree with the meal benefit decision. You have the right to a fair hearing within 10 days from the date of this letter. You may request a hearing by calling or writing to the Director of Food Services at the information listed above.

Best Regards:

CCSD Food Service Department

DIRECT CERTIFICATION EXAMPLE



NOTIFICATION LETTER FOR FREE SCHOOL MEALS - DIRECT CERTIFICATION

08/02/2023



Dear [REDACTED]

We want to let you know that the student(s) listed below qualify for free school meals because they receive State SNAP, FDIPIR, State TANF, Medicaid-Free, or are identified as a Head Start, Foster, Homeless or Migrant student. This means that you do not need to fill out a household application for these students to determine eligibility for free or reduced-price meals.



If someone in your household receives State SNAP, FDIPIR, State TANF or Medicaid-Free and there are other students in your household who aren't listed above, **they also qualify for free meals**. Please note that Head Start, Foster, Homeless, or Migrant students **do not extend free meal benefits to other children in their household**.

Please contact the school your student(s) attend in the following situations:

- If there are other students in your household who are not listed above, and you would like them to be qualified for free meals.
- You do not want your children to qualify for free meals.
- You have any additional questions.

Sincerely,

Child Nutrition Services

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA.

FOOD ASSISTANCE EXAMPLE

Manhattan DCF Office
2709 Amherst
Manhattan, KS 66502



Notice Date: 10/26/2023

Program: Food Assistance

DCF has completed your Food Assistance review.

DCF has completed the review of your 12 month report and you will receive food assistance benefits in the amount of \$291.00 for the remainder of your review period. If your household situation changes, this amount may change. We will tell you if this amount changes. We will also tell you when it is time to reapply.

You remain eligible for the months of 11/2023 through 10/31/2024.

We are changing your Food Assistance benefits effective 11/01/2023 for the following individuals:

Your benefit amount is \$291.00 effective 11/2023.

You will continue to get this amount until we tell you otherwise. If your household situation changes, this amount may change. We will tell you if this amount changes. We will also tell you when it is time to reapply.

This change has occurred because:

This change occurred because your income and/or allowable expenses changed.

will continue to receive Food Assistance benefits.

This action is based on the Kansas Economic and Employment Services Manual.

Your household is categorically eligible for food assistance.

- If you or anyone in your household wins a lottery or gaming prize in a single game that is \$4,250.00 or greater (before taxes or other amounts are withheld) you must contact us within 10 days of the end of the month in which the household received the winnings
- You are not required to report any changes in your circumstances until the time of your next review, or interim report if you are required to complete an interim report form. Even though you are not required to report changes, you WILL want to report any changes that may increase your benefits, such as someone moves into your home, your household's income decreases, or your rent or mortgage increases.
- You must complete a report form 12 months after your case is approved or reviewed. On the form you must report your current income, your expenses, and list anyone who has moved in or out of your home. You must also provide proof of your income. We will send you the form when it is time for you to complete it.

FOOD ASSISTANCE EXAMPLE

COUNTY OF SAN DIEGO

Date: 02/10/2024

VERIFICATION OF BENEFITS



Physical Address:

Home Phone Number:

| Monthly Benefits | | | | | | | | | | |
|------------------|----------|-------|-----|------|-------------------------------|----------|-------------------|----|------|-------------------|
| Month/Year | CalWORKs | GA/GR | RCA | CAPI | Cash Aid Assistance Unit Size | CalFresh | CF Household Size | MC | CMSP | MC Household Size |
| 02/2023 | | | | | | 361.00 | 3 | Y | N | 3 |
| 03/2023 | | | | | | 361.00 | 3 | Y | N | 3 |
| 04/2023 | | | | | | 740.00 | 3 | Y | N | 3 |
| 05/2023 | | | | | | 740.00 | 3 | Y | N | 3 |
| 06/2023 | | | | | | 199.00 | 4 | Y | N | 3 |
| 07/2023 | | | | | | 939.00 | 4 | Y | N | 4 |
| 08/2023 | | | | | | 939.00 | 4 | Y | N | 4 |
| 09/2023 | | | | | | 939.00 | 4 | Y | N | 4 |
| 10/2023 | | | | | | 973.00 | 4 | Y | N | 4 |
| 11/2023 | | | | | | 973.00 | 4 | Y | N | 4 |
| 12/2023 | | | | | | 154.00 | 4 | Y | N | 4 |
| 01/2024 | | | | | | 154.00 | 4 | Y | N | 4 |
| 02/2024 | | | | | | 154.00 | 4 | Y | N | 4 |

HEADSTART EXAMPLE



Greater Phoenix Urban League Head Start

Date: 02/01/2024

RE: [REDACTED]

Dear [REDACTED]

This letter is to verify that [REDACTED] is enrolled in our Head Start Program at [REDACTED] for the school year 2023-2024. Enrollment start date: 01/23/2023. End date 05/16/2024.

Please contact me directly if you have any questions or concerns.

Sincerely,

Head Start Director

SAMPLE



HOUSING EXAMPLE

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
HOUSING AND COMMUNITY DEVELOPMENT SERVICES

NOTICE OF CHANGE IN HOUSING ASSISTANCE PAYMENT - TENANT



October 24, 2023



Due to an interim recertification of participant's eligibility, the Rental Assistance Contract is amended as follows:

"RENT"

| | |
|--|-------------|
| Amount of Housing Assistance Payment | \$ 3,373.00 |
| Amount of Tenant Rent | \$ 322.00 |
| Amount of Contract Rent | \$ 3,695.00 |

THIS CHANGE BECOMES EFFECTIVE: November 01, 2023

FAMILY MEMBERS ON LEASE: *List all family members including head of household*



ALL OTHER COVENANTS, TERMS AND CONDITIONS OF THE LEASE AGREEMENT AND HOUSING ASSISTANCE PAYMENTS CONTRACT REMAIN THE SAME.

Please keep this notice with your important papers.

In accordance with CFR 982.555, if tenant's portion of rent increases as a result of this amendment and tenant feels such increase is unjustified or improper, tenant may request an informal HEARING. Such request must be submitted in writing and received in the office of the Housing Authority of the County of San Diego within fourteen (14) calendar days from date of this notice.

Housing Representative:

Do you require a specific accommodation to fully utilize the Agency's services? Yes [] No []



Date: 2/13/2024

To Whom It May Concern,

The La Mesa Spring Valley School District participates in the California Universal Meals for All Children Program and qualifies as a Community Eligibility Provision district by the USDA's National School Lunch Program. The district therefore does not require families to submit a Free and/or Reduced Price Meal Application on an annual basis. Instead, the district collects family income information through an approved income verification process.

The student(s) listed below qualify as Free and Reduced Price Meal-Eligible based on USDA income eligibility guidelines collected through the La Mesa Spring Valley School District's Alternative Income Form or through existing program eligibility.

Student Name(s):

Parent:

Home Address:

Phone:

Email:

NOTE: If your child qualifies as eligible for Free and Reduced Price Meals, he/she may be eligible for other assistance program benefits. To protect the confidentiality of your child, we cannot share eligibility notifications with other assistance programs. However, you may duplicate this eligibility notice if you want to provide a copy to other programs in your school or community.

Sincerely,

LIHEAP EXAMPLE

Wichita DCF Office
2601 S OLIVER ST
WICHITA, KS 67210-1205



Notice Date: 01/22/2024

Case Name: [REDACTED]

Case Number: [REDACTED]

Program: LIHEAP

We have approved your application for the Low Income Energy Assistance Program (LIEAP) for the 2024 LIEAP Season.

You will receive a one-time payment of \$403.00.

We will split your benefit between the two vendors as you asked.

We will send two payments directly to the following vendors:

\$201.50 to ONE GAS INCKANSAS GAS SERVICE and

\$201.50 to EVERGY KANSAS CENTRAL INC

Please allow a minimum of 2 billing cycle(s) for the vendor to apply the payments to your account.

If the above information is not correct, please call your regional LIEAP office at (888) 369-4777 to resolve the issue.

You must continue to pay your current utility costs. This will ensure continued services and protect your credit.

This action is based on the Kansas Economic and Employment Services Manual.

Comments:

NSLP EXAMPLE



BENTONVILLE SCHOOLS

WHERE EXCELLENCE LIVES

2/7/2024

Application # 29060

General Questions

Bentonville West High School

Dear [REDACTED]

Your application has been reviewed and the results are as follows:

| Name | Benefit | Breakfast | Lunch | Snack | Milk |
|------------|---------|-----------|-------|-------|------|
| [REDACTED] | Free | Free | Free | N/A | N/A |
| [REDACTED] | Free | Free | Free | N/A | N/A |

You may reapply for benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, become unemployed, have an increase in household size, or you qualify for Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamp Program, you may fill out another application at that time.

If you do not agree with this decision you may contact Annette Bunton, 400 NW 2nd Street, Bentonville AR 72712, (479) 254-5095 or at abunton@bentonvillek12.org. If you wish to review this decision further, you have the right to a fair hearing. This can be arranged by contacting Superintendent Debbie Jones, 500 Tiger Blvd., Bentonville AR 72712, (479) 254-5000 or at djones@bentonville.org.

Sincerely,

Nutrition Services Manager

Non-Discrimination Statement In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-ComplaintForm-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov This institution is an equal opportunity provider.

Department of Economic Security
Family Assistance Administration
P.O. Box 19009
Phoenix, AZ 85005



NUTRITION ASSISTANCE (NA) APPROVAL NOTICE

*** We now offer all services by telephone ***

Dear 

BENEFITS APPROVED

We processed your application for Nutrition Assistance (NA) turned in on August 28, 2023. We have approved you for NA benefits.

You will get NA benefits from August 2023 to July 2024.

YOUR BENEFITS AMOUNT

Your house will get \$121.00 for August 2023 and \$939.00 for September 2023. Starting in October 2023, you will get \$973.00 on the 8th of the month.

HOW TO GET YOUR BENEFITS

Your NA benefits will be placed on your Electronic Benefits Transfer (EBT) card. If you do not have an EBT card, you can call 1 (888) 997-9333 to ask for one. The TTY/TDD number for the hearing impaired is 1 (800) 367-8939.

IMPORTANT – REPORTING CHANGES

You must report any changes listed below by the 10th day of the month following the month the change occurs.

- When the gross income for your household totals more than \$3007 per month. Gross income is the amount of your income before any deductions.
- When you are an able-bodied adult between the ages of 18 and 50 with no dependent children, you must report if your work hours are decreased below 80 hours per month. - When any household member receives lottery or gambling winnings of \$4250 or more in a single game.

FAMILY ASSISTANCE ADMIN
CHANGE CENTER

STATE OF ARIZONA PAGE 1 OF 2
DEPARTMENT OF ECONOMIC SECURITY
HTTP://WWW.AZDES.GOV/FAA

SNAP EXAMPLE

DEAR [REDACTED]

THIS DECISION IS ABOUT YOUR BENEFITS WITH THE
DEPARTMENT OF ECONOMIC SECURITY

We have determined that you continue to be eligible for assistance and we have resumed your benefits.

This notice applies to the program(s) listed below:

*For Nutrition Assistance you are eligible for \$973 for the months of 02/2024 TO 07/2024.

NOTE: You may get less in benefits if you have an ongoing overpayment and it is collected from your monthly benefits. Notices about overpayments are sent by the Office of Accounts Receivable and Collections.

FOR CASH ASSISTANCE:

You must turn in all child support payments you get to the Division of Child Support Services. Call them at:

- (602) 252-4045 from area codes 602, 480, or 623; or
- 1 (800) 882-4151 (toll free) from any other area code.

IMPORTANT

Keep your EBT card safe.
Do not tell anyone your EBT card PIN.
Change your EBT card PIN at least once a month.

WHO TO CONTACT IF YOU HAVE QUESTIONS

- Call 1 (855) 432-7587 Monday - Friday, 7:00 a.m. to 6:00 p.m.
The TTY/TDD number for the hearing impaired is 7-1-1.
- In person at any Department of Economic Security Family Assistance Administration office.

WHAT TO DO IF YOU DO NOT AGREE WITH THIS DECISION



STATE OF NEVADA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF WELFARE AND SUPPORTIVE
 SERVICES

SNAP EXAMPLE

Director

Administrator



Customer Service / VRU

January 25, 2024


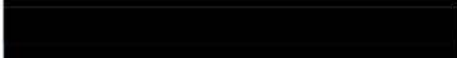
Dear 

The Nevada Division of Welfare and Supporting Services (DWSS) has taken action on your case. Please review the information below. The DWSS Customer Service Unit (CSU) and Automated Voice Response Unit (VRU) are available to answer questions regarding your SNAP, TANF, Medicaid, Nevada Check-Up or Child Support Case. The CSU/VRU can be accessed by calling the appropriate number listed above. You will need your Personal Identification Number (PIN) and Case ID before calling the CSU/VRU systems. If you do not know your PIN and/or Case ID, you may contact your local Welfare District Office to obtain this information.

You may submit applications, redeterminations, changes and most communications electronically through your Access Nevada account. Electronic notifications, such as email and text messaging, are an option from DWSS for households with a verified email account. DWSS sends reminders whenever there are To Do's or Messages in your Access Nevada Account. These can be viewed by signing in to your Access Nevada account and selecting an item from either list. You will need your PIN to use these features.

If you have medical bills for the time you were not covered by Medicaid, please contact your provider to coordinate the reimbursement of Medicaid covered services. You can now download the NVMedicaid app for instant access to your health information, including your chosen Managed Care Organization, claims and procedures, your Nevada Medicaid ID card, and any broadcast messages from Medicaid. The app also allowed you to find providers in your plan network. Look for the app in your App Store online at <https://mdp.medicaid.nv.gov/>. You must be 18 years or older to use the app. For more information, please visit: <https://dhcfnv.gov/resources?MDPRResource/>.

If you are seeking assistance with child support services, you can print and complete the child support application located on the DWSS child support homepage at https://dwss.nv.gov.Support/1_0_0-Support/. Submit your completed application to the appropriate child support office in your area. Northern and Southern Nevada office locations can be found on the child support homepage by selecting "locate child support offices" and selecting the appropriate region.

| Supplemental Nutrition Assistance Program (SNAP)- NEW or Current Certification Period February 1, 2024 – July 31, 2024 | |
|---|---------------------------------|
| February 2024 | |
|  | Eligible (See case Information) |
|  | |

TANF EXAMPLE

COUNTY OF LOS ANGELES

Date: 02/05/2024

Case Name: [REDACTED]

Case Number: [REDACTED]

VERIFICATION OF BENEFITS



Physical Address:

Home Phone Number:

Monthly Benefits

| Month/Year | CalWORKs | GA/GR | RCA | CAPI | Cash Aid Assistance Unit Size | CalFresh | CF Household Size | MC | CMSP | MC Household Size |
|------------|----------|-------|-----|------|-------------------------------|----------|-------------------|----|------|-------------------|
| 02/2023 | 1130.00 | | | | 3 | 740.00 | 0 | Y | N | |
| 03/2023 | 1130.00 | | | | 3 | 546.00 | 3 | Y | N | |
| 04/2023 | 1130.00 | | | | 3 | 546.00 | 3 | Y | N | |
| 05/2023 | 1130.00 | | | | 3 | 546.00 | 3 | Y | N | |
| 06/2023 | 1130.00 | | | | 3 | 546.00 | 3 | Y | N | |
| 07/2023 | 1130.00 | | | | 3 | 546.00 | 3 | Y | N | |
| 08/2023 | 1130.00 | | | | 3 | 546.00 | 3 | Y | N | |
| 09/2023 | 1130.00 | | | | 3 | 546.00 | 3 | Y | N | |
| 10/2023 | 1171.00 | | | | 3 | 567.00 | 3 | Y | N | |
| 11/2023 | 879.00 | | | | 3 | 567.00 | 3 | Y | N | |
| 12/2023 | 1171.00 | | | | 3 | 577.00 | 3 | Y | N | |
| 01/2024 | 1171.00 | | | | 3 | 577.00 | 3 | Y | N | |
| 02/2024 | 1171.00 | | | | 3 | 577.00 | 3 | Y | N | |



STATE OF NEVADA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF WELFARE AND SUPPORTIVE
 SERVICES

Director
 Administrator



Customer Service / VRU

January 25, 2024

TANF EXAMPLE

Dear 

The Nevada Division of Welfare and Supporting Services (DWSS) has taken action on your case. Please review the information below. The DWSS Customer Service Unit (CSU) and Automated Voice Response Unit (VRU) are available to answer questions regarding your SNAP, TANF, Medicaid, Nevada Check-Up or Child Support Case. The CSU/VRU can be accessed by calling the appropriate number listed above. You will need your Personal Identification Number (PIN) and Case ID before calling the CSU/VRU systems. If you do not know your PIN and/or Case ID, you may contact your local Welfare District Office to obtain this information.

You may submit applications, redeterminations, changes and most communications electronically through your Access Nevada account. Electronic notifications, such as email and text messaging, are an option from DWSS for households with a verified email account. DWSS sends reminders whenever there are To Do's or Messages in your Access Nevada Account. These can be viewed by signing in to your Access Nevada account and selecting as item from either list. You will need your PIN to use these features.

If you have medical bills for the time you were not covered by Medicaid, please contact your provider to coordinate the reimbursement of Medicaid covered services. You can now download the NVMedicaid app for instant access to your health information, including your chosen Managed Care Organization, claims and procedures, your Nevada Medicaid ID card, and any broadcast messages from Medicaid. The app also allowed you to find providers in your plan network. Look for the app in your App Store online at <https://mdp.medicaid.nv.gov/>. You must be 18 years or older to use the app. For more information, please visit: <https://dhcfp.nv.gov/resources?MDPRResource/>.

if you are seeking assistance with child support services, you can print and complete the child support application located on the DWSS child support homepage at https://dwss.nv.gov.Support/1_0_0-Support/. Submit your completed application to the appropriate child support office in your area. Northern and Southern Nevada office locations can be found on the child support homepage by selecting "locate child support offices" and selecting the appropriate region.

| | |
|--|----------|
| Temporary Assistance For Needy Families (Child Only) | |
| February 2024 | |
| | Eligible |
| | |
| | |

Scripps Mercy WIC
4077 5th Ave. MER 66
San Diego, CA 92103



2/2/2024



WIC EXAMPLE

Dear 

Per your request, Scripps Mercy Women, Infants, and Children (WIC) Program has verified participation in the California WIC Program for you and/or your child(ren).

| Name | Service (Month/Year) |
|--|----------------------|
|  | 09/15/23 - 08/31/24 |
|  | 06/05/23 - 05/31/24 |

Sincerely,

WIC REP



Kansas WIC Program

WIC Certification by Certification Period

Client [REDACTED] Birth Date [REDACTED]

Category C Eligibility Period 05/26/2023 to 05/31/2024

Caregiver Address [REDACTED] Mailing [REDACTED]

Telephone [REDACTED]

Applied for WIC 05/17/2023

Initial Contact Date 05/26/2022

Certified Date 05/26/2023

WIC EXAMPLE

Risk Factors Assigned

| Recorded | Assigned Risk |
|------------|----------------------------|
| 05/26/2023 | 115-High Weight for Length |
| 05/26/2023 | 142b-Early Term Delivery |

Income Eligibility

| Test Date | Family Count | Income | Elig | Medicaid | Adjunctive |
|------------|--------------|-----------------|------|----------|------------|
| 05/26/2023 | 4 | \$450.00 Weekly | Yes | | Medicaid |

Anthropometric Measures

| Date | Length | Height | Weight | BMI | BMI/Ag | Wgt/Len | Wgt/Stat | Len/Ag | Hgt/Age |
|------------|------------|--------|-------------|------|--------|---------|----------|--------|---------|
| 05/26/2023 | 29" 4/8ths | | 24 lb 12 oz | 20.0 | | 98.61 | | 59.23 | |

Blood Measurements

| Date | Hct | Hgb | Missing Reason |
|------------|-----|------|----------------|
| 05/26/2023 | | 12.3 | |

Printed 08/18/2023 02:25 PM

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