Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District]** offers healthy meals every school day at NO COST to the students, due to the school’s participation in **[Provision 2 or Provision 3]** program of the National School Lunch/School Breakfast Programs.

No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

My family needs more help. Are there other programs we might apply for? To find out how to apply for SNAP (Food Stamp) or other assistance benefits, contact your local assistance office or call **1-800-403-0864.**

If you have other questions or need help, call **[phone number]***.*

Sincerely,

 **[Signature]**

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*This institution is an equal opportunity provider.*