*Print on district letterhead*

[Date]

Dear [District Name] Families,

[District Name] is participating in the USDA Seamless Summer Option (SSO) between [Add Dates]. This means that our school is providing *free* meals to all students during this time! Even though receipt of free meals does not depend on an approved free and reduced-price meal application, we are still distributing and processing them so [District Name] families may qualify for P-EBT benefits as well as other school funding.

[Tailor this paragraph to your operation] When your child participates in our healthy and delicious school meals program it will save your family time and money. At breakfast, all children are offered at least four food items from three food components (grain, fruit, and fluid milk) and at lunch are offered five food components (grain, protein, fruit, vegetable, and fluid milk). For your child’s breakfast to be free, they must take at least three food items, one of which is ½ cup fruit or vegetable. For your child’s lunch meal to be free, they must take at least three different food components, one of which is ½ cup fruit or vegetable. Second meals, a la carte items, milk only, or meals that do not meet the requirements described above will be charged a fee.

Our breakfast and lunch menus are attached to this letter. Menus and nutrition information are always posted on our district website.

Please contact me with any questions at [Phone Number] or email me at [Email Address].

Sincerely,

[Your Name]

[Your Title]

[District Name]

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-Complaint-Form-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](http://mailto:program.intake@usda.gov/)

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