

NEW YORK STATE

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner



(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 92 LCM-106

Date: July 10, 1992

Division: Income Maintenance

TO: Local District Commissioners

SUBJECT: Providing Food Stamp and ADC Program Participation Information to Local School Authorities

ATTACHMENTS: Attachment A - Direct Certification School Meal Letter - New York City letter - not available on-line
Attachment B - Direct Certification School Meal Letter - Upstate letter - not available on-line

The Child Nutrition and WIC Amendments of 1989 and Section II of the Food Stamp Act of 1977, permit local districts to disclose Food Stamp Program participation information to school authorities, to allow schools to certify any child as eligible for free or reduced price school meals based on the child's status as a member of a household receiving food stamps or ADC. The intent is to simplify the application process for the School Meals Program and at the same time increase the number of eligible children participating in the program.

As a part of a cooperative effort with the NYS Department of Education, this Department is doing a statewide mass mailing to all food stamp and SSI households having a household member between the age of 4 and 18 years. A flash letter (copy attached) which will be mailed by August 15, 1992, will advise the household that the listed child(ren) is eligible for free school meals and/or milk. The letter will serve as documentation of the student's eligibility when provided to the student's school.

For New York City, a letter (English/Spanish) will be sent to the head of household for each child in the household. Name and date of birth (d.o.b.) of the child will appear on the front. The parent is instructed to fill-in the school name and grade before returning to the school.

Date July 10, 1992

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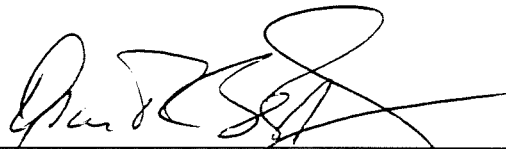
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For Upstate, one letter (English) will be sent per household. The name of the child(ren) and d.o.b. will be listed. The parent is instructed to fill-in the school name and grade for each child. If the listed children attend more than one school, it is the school's responsibility to copy and forward the letter to applicable schools.

Beginning August 1, 1992, local districts should inform food stamp and ADC applicants of their child's eligibility for school meal program and/or milk program. Applications may be obtained at school throughout the year.

In addition, local social services districts may receive a few student names from school authorities for verification during the school year. Such requests should be handled as expeditiously as possible.

Questions concerning this memorandum should be directed to your district's Food Stamp Representative at 1-800-342-3715, extension 4-9225.



Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance

NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001
MARY JO BANE
COMMISSIONER



August 1992

Dear Parent/Guardian:

The child listed below is approved to receive free lunch and/or breakfast if he or she attends a school that participates in the National School Lunch and/or School Breakfast Programs. **TO RECEIVE THIS BENEFIT, TAKE OR SEND THIS LETTER TO THE SCHOOL YOUR CHILD ATTENDS OR YOU CAN FILL OUT THE FREE AND REDUCED PRICE MEAL APPLICATION SENT HOME BY THE SCHOOL. REMEMBER, YOU MUST RETURN THIS LETTER TO THE SCHOOL OR SUBMIT AN APPLICATION FOR EACH OF YOUR CHILDREN IN ORDER FOR THEM TO RECEIVE FREE MEALS.**

During the year, if you are no longer eligible for food stamps or ADC you must notify the school of the change. If you have questions call your child's school or the toll free hotline number 1-800-342-3009.

Yours truly,

Thomas Sobol
Commissioner
NYS Education Department

Mary Jo Bane
Commissioner
NYS Department of Social Services

(Vea el otro lado para la versión en español.)

NAME	DATE OF BIRTH	SCHOOL	GRADE
<u>(Please complete this information)</u>			

Agosto de 1992

Estimado Padre/Madre/Guardián:

Al estudiante cuyo nombre aparece al final de esta carta se le ha otorgado el privilegio de recibir almuerzo y/o desayuno gratis si asiste a una escuela que participa en el Programa Nacional de Almuerzo y/o Desayuno. **PARA RECIBIR ESTE BENEFICIO, LLEVE O ENVIE ESTA CARTA A LA ESCUELA A LA CUAL SU HIJO ASISTE O PUEDE CUMPLIMENTAR LA SOLICITUD DE ALIMENTOS GRATUITOS O A PRECIOS REDUCIDOS QUE LA ESCUELA ENVIA A SU CASA. RECUERDE QUE TIENE QUE DEVOLVER ESTA CARTA A LA ESCUELA O ENTREGAR UNA SOLICITUD POR CADA UNO DE LOS HIJOS PARA QUE ELLOS PUEDAN RECIBIR COMIDAS GRATIS.**

Durante el año, si ya no es elegible para recibir cupones de alimentos o "ADC," tiene que notificarlo a la escuela. Si tiene preguntas que hacer, llame la escuela a la cual su hijo asiste o al teléfono de información 1-800-342-3009.

Atentamente,

Thomas Sobol
Comisionado
Departamento de Educación
Estado de Nueva York

Mary Jo Bane
Comisionado
Depto. Servicios Sociales
Estado de Nueva York

(La versión en inglés se encuentra al dorso.)

Nombre

Fecha de
Nacimiento

Favor de proveer la siguiente información.

Escuela

Grado

NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001
MARY JO BANE
COMMISSIONER



Upstate

August 1992

Dear Parent/Guardian:

The children listed below are approved to receive free lunch and/or breakfast, if they attend a school that participates in the National School Lunch and/or School Breakfast Programs, or free milk in a school that participates in the Special Milk Program. To receive this benefit, take or send this letter to one of the schools which your child/children attend. The school will forward copies to all schools listed. If you do not return this letter to the school, you must fill out the Free and Reduced Price Application in order for your children to get free meals or free milk.

During the year, if you are no longer eligible for food stamps, or ADC, you must notify the school of the change. If you have questions call your child's school lunch director or the free hotline number 1-800-342-3009.

Thomas Sobol
Commissioner
NYS Department of Education

Mary Jo Bane
Commissioner
NYS Department of Social Services

NAME DATE OF BIRTH SCHOOL GRADE
(Please complete for each child listed)