

North Lawrence Community Schools - Food Service

221 BNL Drive
Bedford, IN 47421

7/20/2026

General Questions

Bonnie J Sanders
(812) 277-3220 ext. 48104
Sandersb@nlcs.k12.in.us

To the Parent or Guardian of Ryder Cooper

1006 25th St.
Bedford, IN 47421

SNAP (FOOD STAMP)/TANF/MEDICAID ELIGIBLE NOTICE OF DIRECT CERTIFICATION

Dear Parent or Guardian:

Your child or children have been approved for the following meal benefits:

Name	Benefit	Breakfast	Lunch	Snack	Milk
Cooper, Kruz	Free	N/A	Free	N/A	N/A
Cooper, Ryder	Free	N/A	Free	N/A	N/A
Cooper, Harlequin	Free	N/A	Free	N/A	N/A

If there are other children in your household who aren't listed above, they also qualify for free meals.

Please contact us in the following situations:

- * If there are other children in your household who are **NOT** listed above and you would like them to receive free meals at school.
- * You do **NOT** want you children to have free meals.
- * You have any additional questions

You also have the right to refuse these benefits by completing the information in the boxes on the next page and returning them to us. Contact Bonnie Sanders at Sandersb@nlcs.k12.in.us or call (812) 277-3229 xt. 48104 with any questions.

Sincerely,

Bonnie J Sanders
North Lawrence Community Schools - Food Service
(812) 277-3220 ext. 48104
Sandersb@nlcs.k12.in.us

Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA. Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made

available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint) (<https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint>) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

See below if you do not want your child(ren) to receive free meals at school.

SIGN ONLY IF YOU **DO NOT** WANT YOUR CHILD(REN) TO RECEIVE THESE BENEFITS AND/OR HAVE THAT INFORMATION RELEASED TO THE PROGRAM(S) LISTED BELOW, THEN RETURN THE STATEMENT(S) BELOW TO THIS OFFICE.

Date: _____

I do not want my child(ren) _____ (insert Children/s names) to receive free meals through the National School Lunch Program.

Signature of Parent or Guardian _____

Date: _____

I do not want the information that my child(ren) _____ (insert children/s name/s) has been approved for free benefits under the National School Lunch Program released to the programs I have indicated: **Hoosier Healthwise**

Signature of Parent or Guardian _____