

Denial/Approval Notification Letter

Dear Parent or Guardian:

Your application for free and reduced-price meal services or free milk has been

Denied for the following reason(s)

- Income over the allowable amount
- Incomplete application
- Inappropriate SNAP/TANF case identification number
- Other: _____

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, or have an increase in household size, fill out an application at that time.

Approved

Period of Time (Select One):

- School Year 2009-2010 Temporary Until _____

Category (Select One):

- Free Reduced Price

Meal Services (Mark all that Apply):

- Breakfast (Maximum price for reduced price breakfast is 30 cents)
- Lunch (Maximum price for reduced price lunch is 40 cents)
- Afterschool Snack (Maximum price for reduced price after school snack is 15 cents)
- Milk only

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing your child should receive free or reduced-price meals.

Confidentiality: School officials use the information on the application only to decide if your child should receive free or reduced-price meals, or benefits under other federal and state education programs as permitted by law.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Title

Address

Telephone

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Sincerely,