

SCHOOL NUTRITION PROGRAM

Denial/Approval Notification Letter to Households

Dear Parent or Guardian:

Your application for free and reduced-price meal services or free milk has been determined as follows:

Approved for Meal Benefits			Denied for the following reason(s):
Category (select one)	Free	Reduced-Price*	Income is over the allowable amount
Meal Services (mark all that apply)			Application is incomplete
Breakfast *maximum reduced-price is 30 cents			Inappropriate SNAP/TANF case identification number
Lunch *maximum reduced-price is 40 cents			Other:
After-School Snack *maximum reduced price is 15 cents			_____
Milk Only			

Effective Date of Determination: _____

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.

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:

Name/Title _____

Mailing Address

Phone _____

Email _____

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 (not all bases apply to all programs). 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, audiotope, 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](#) 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.

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