

We Have Verified Your Application

Date: _____

Dear: _____

We have checked the information you sent us to prove:

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
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is/are eligible for free or reduced-price meals and it has been determined:

- Your child(ren)'s eligibility has not changed.
 - Starting _____, **your child(ren) is/are no longer eligible** for free or reduced-price meals
Date (ten calendar days)
- for the following reason(s):
- Records show that no one in your household received SNAP/TANF. You may reapply based on income eligibility.
 - Records show the child(ren) is not homeless, runaway, migrant, or Head Start
 - Your income is over the limit for free or reduced-price meals.
 - You did not provide: _____
 - You did not respond to our request.

Your child(ren) will receive meals at no cost for SY21-21, due to USDA flexibilities. The above determination does not impact eligibility for free meals under the Seamless Summer Option. However, the above determination may impact benefits for students based on low income indicators.

If you disagree with this decision, you may discuss it with _____ at _____
Name Telephone W/Area Code

You also have the right to a fair hearing. If you request a hearing by _____, your child(ren) will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to:

_____ Name Telephone W/Area Code

_____ Address (Street, City, State, Zip Code)

Sincerely,

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. 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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.