

We Have Confirmed Your Application

Date: _____

Dear: _____

We have confirmed the household eligibility application you submitted for meal benefits for:

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)

☐ Starting _____, your child(ren)'s eligibility for meals will be changed from reduced-
Date (1-3 operating days)
price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☐ Starting _____, your child(ren)'s eligibility for meals will be changed from free to
Date (ten calendar days)
reduced-priced because your income exceeds free meal eligibility limits.

☐ Starting _____, your child(ren) is/no longer eligible for free or reduced-priced meals
Date (ten calendar days)
for the following reason(s):

- ☐ Household Eligibility Application shows you did not provide a valid Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) case ID number.
- ☐ Your income is over the limit for free or reduced-price meals.
- ☐ You did not provide the following information on your Household Eligibility Application: _____
- ☐ Meal cost _____ for lunch and _____ for breakfast. If your household income goes down or your household size goes up, you may apply again.

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
Date

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 (include Area Code)

Address (Street, City, State, ZIP Code)

Sincerely,

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD 3027 form or letter must be submitted 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; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or 3. **email:** Program.Intake@usda.gov This institution is an equal opportunity provider.