

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

Date (1-3 operating days)

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

Date (ten calendar days)

- 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 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, audiotope, 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.