

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)'s eligibility for meals will be **changed from reduced-price**
Date (1-3 operating days)
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-price because your income is over the limit. Reduced-price meals cost _____ for lunch and _____ for breakfast.
- ☐ 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.

Meals cost _____ for lunch and _____ for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

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,

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, audiotope, 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.