**[School District/LEA Name]** **[Date]**

Dear **[Name]**:

We checked the information you sent us to prove that **[Name(s) of Child(ren)]** is/are eligible for free or reduced-price meals and have decided that:

 [ ]  Your child(ren)’s eligibility has not changed.

 [ ]  Starting [Date], 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.

 [ ]  Starting [Date], your child(ren)’s eligibility for meals will be changed from free to reduced-price
because your income is over the limit. Reduced-price meals cost [$ Amount] for lunch and [$ Amount] for breakfast.

 [ ]  Starting [date], your child(ren) is/are no longer eligible for free or reduced-price meals for the
following reason(s):

[ ]  Records show that no one in your household received Basic Food, FDPIR or TANF benefits, or, that the household receives “zero benefits”.

[ ]  Records show that the child(ren) is/are not homeless or migrant.

[ ]  Your income is over the limit for free or reduced-price meals.

[ ]  You did not provide: [List Documentation]

[ ]  You did not respond to our request.

Meals cost **[$ Amount]** for lunch and **[$ Amount]** for breakfast. If your household income goes down, you may apply again. If you were previously denied benefits because no one in the household received Basic Food, TANF or FDPIR benefits, or is a “zero benefits” household, you may reapply based on income eligibility. 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 **[Name of Contact Person]** at **[Phone Number]**. You also have the right to a fair hearing. If you request a hearing by **[Date]**, 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, Address, Phone number, or E-mail]**.

Sincerely,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[Name of Signee]**

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.

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, religious creed, disability, age, political beliefs, 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.