

We Have Checked Your Application

School: _____

Date: _____

Dear _____:

We checked the information you sent us to prove that **[names of child(ren)]** are eligible for free or reduced price meals and have determined that:

- Your child's/children's eligibility has not changed.
- Starting **[date]**, your child's/children's eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child/children will receive meals at no cost.
- Starting **[date]**, your child's/children's eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- Starting **[date]**, **your child/children are no longer eligible** for free or reduced price meals for the following reason(s):

___ Records show that you did not receive Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservation (FDPIR) benefits.

___ Records show that the child/children did not meet the criteria for homeless, runaway, or migrant.

___ The household income is over the limit for free or reduced price meals.

___ The information requested was not provided:

___ The household 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 were previously denied benefits because no one in the household received Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food distribution Program on Indian Reservations (FDPIR), 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]** at **[phone]**. 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]**.

Sincerely,

[Signature]

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member signing the application. The last 4 digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food

Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all program.)

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 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**. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found [online](#) at http://www.ascr.usda.gov/complaint_filing_cust.html, or 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:

Mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax:

(202) 690-7442; or

Email:

program.intake@usda.gov

This institution is an equal opportunity provider.