

→ INSERT DISTRICT LETTERHEAD ←
Letter to Notify Household of Audit Results

Dear Parent or Guardian:

Date: _____

(Child(ren)'s Name(s))

A recent audit identified that the original determination of your child(ren)'s application for Free and Reduced Priced Meals or Free Milk was incorrect. Starting _____ your child(ren)'s eligibility for meal benefits will be:

- _____ changed from free to reduced price because your income exceeds the federal income eligibility guidelines.
- _____ changed from reduced to free because your income is within the federal income eligibility guidelines.
- _____ changed from denied to free because your income is within the federal income eligibility guidelines.
- _____ changed from denied to reduced price because your income is within the federal income eligibility guidelines.
- _____ discontinued for the following reason(s):
 - Your application was incomplete.
 - Your household income exceeds the federal income eligibility guidelines. Your cost is:

	Breakfast	Lunch	After School Snack Program	Split Session Milk Program
Elementary				
Middle				
High School				

If you do not agree with the decision, you may discuss it with _____
(Determining Official)

by calling _____
(Telephone Number)

You also have the right to a fair hearing. If you request a hearing by _____, your
(10 calendar days from the date of this letter)
child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a fair hearing by calling or writing to:

(Name of Hearing Officer)

(Address)

(Telephone Number)

If you are not eligible for benefits now but have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out an application at that time to reapply for benefits.

Sincerely,

(SIGNATURE)