*🡪 INSERT DISTRICT LETTERHEAD 🡨*

Letter to Notify Household of Eligibility Status

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| --- |
|  |

Parent or Guardian: Date:

Your application for free and reduced price meals or free milk has been reviewed with the following results. Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, your child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is/are:

(*Insert date*)

APPROVED

Free Meals  Free Milk

Reduced Price Meals. Your cost is *$*per breakfast, *$*  per lunch and/or *$*  per after school snack.

###### DENIED/PAID

Your application is still incomplete.

Total household income exceeds the federal income eligibility guidelines. Your cost is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Breakfast** | **Lunch** | **Snack** | **Split Session Milk Program** |
| Elementary |  |  |  |  |
| Middle |  |  |  |  |
| High School |  |  |  |  |

If you do not agree with the above decision, you may discuss it with a school official and you have the right to a fair hearing. This can be done by calling or writing to the following official:

|  |  |  |
| --- | --- | --- |
|  |  |  |

### (Name of Hearing Officer) (Address) (Telephone Number)

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

Sincerely,

|  |
| --- |
|  |

*(SIGNATURE)*

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, 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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (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.

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