

WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

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 children will receive meals at no cost.
 - ___ one or more of your children are categorically eligible based on FIP or Food Assistance enrollment. Your children 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 **[\$]** for lunch and **[\$]** for breakfast.
- Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals because:
 - ___ records show that no one in your household received Food Assistance or FIP.
 - ___ records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ 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 were previously denied benefits because no one in the household received Food Assistance or FIP benefits, 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]**, or **[e-mail]**.

Sincerely,
[signature]

Non-discrimination Statement: This explains what to do if you believe you have been treated

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html. Or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov. *Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish).* USDA is an equal opportunity provider and employer.

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