**WE HAVE CHECKED YOUR SCHOOL MEALS APPLICATION**

**School**: [School Name]

**Date**: [Date]

Dear [Name],

We checked the information you sent us to support that [Name(s) of child(ren)] is/are eligible for free or reduced-price meals. Based on the information, we have determined that:

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

Starting [Date], your child(ren)’s eligibility classification changed from reduced-price to free because your income is within the free eligibility category.

Starting [Date], your child(ren)’s eligibility for meals will be changed from free to reduced-price because your income is over the limit for the free eligibility category.

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

Records show that no one in your household received SNAP, FDPIR or TANF benefits.

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.

If your household size or income changes, you may apply again **at any time**. You may reapply based on income eligibility if you were denied benefits because no one in the household received SNAP, TANF, or FDPIR benefits. 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 be identified as their original eligibility classification until the hearing official’s decision is made. You may request a hearing by contacting: [Name of hearing official], [Address], [Phone], or [E-mail].

Sincerely,

[Signature]

*In accordance with federal civil rights 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.*

*Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.*

*To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665; or (202) 690-7442*

*email: program.intake@usda.gov.*

*This institution is an equal opportunity provider.*