[Insert District Letterhead]

**Notification of Change in Benefits**

**for Free and Reduced-Price Sc****hool Meals**

School Year 20\_\_-20\_\_

Dear Parent/Guardian:

We have reviewed the free or reduced-price school meal eligibility determination of **[Names of Children]** because:

\_\_\_\_\_You contacted us with additional information and/or submitted an updated free and reduced-price school meals application.

\_\_\_\_\_We became aware of an error in processing or a change in federal policy.

The review has determined that:

* Starting **[Date]**, your child(ren’s) eligibility for school meals will be changed to free because your income is within the free school meal eligibility limits. Your child(ren) will receive school meals at no cost.
* Starting **[Date]**, your child(ren’s) eligibility for school meals will be changed to reduced-price because your income is over the free school meal limit but within the reduced-price school meal eligibility limits. There is no cost for breakfast or lunch for all qualifying reduced-price students.
* Starting **[Date]**, your child(ren) are no longer eligible for free or reduced-price school meals for the following reason(s):

\_\_\_ Your income is over the limit for free or reduced-price school meals.

\_\_\_ You requested to no longer receive school meal benefits.

\_\_\_ Your household size has changed.

\_\_\_ Other:

School meals cost **[$]** for lunch and **[$]** for breakfast. If your household income or size changes, you may submit a new application.

If you do not agree with the decision, you may discuss it with **[School Official’s name]** at **[Phone Number]** or at **[E-mail]**. If your income or household size changes or you have become eligible for SNAP, TANF or FDPIR you can re-apply at any time throughout the school year.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official by **[Insert Date of 10 calendar days from when notice is sent]**:

**[School Official’s name]**:

**[Address]**:

**[Phone Number]**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[E-mail]**

Sincerely,

**[Signature]**

**[Contact Information]**

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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:

1. mail:  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. fax:  
   (833) 256-1665 or (202) 690-7442; or
3. email:  
   [program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

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