[Insert District Letterhead]

**Notification of Eligibility for**

**$**

**$**

**$**

**$**

**Free and Reduced-Price** **School Meals**

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

Dear Parent/Guardian:

**As a reminder, (Name of School/District) participates in the Healthy School Meals for All program where all (Breakfast, Lunch, or Breakfast and Lunch) are offered to students at no cost. This notice is a courtesy as (Name of School/District) must track student eligibility for state and federal funding purposes.**

You applied for free or reduced-price school meals for the following child(ren);

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your application was:

* Approved for **free school meals** because your income is within the free school meal eligibility limits. Your child(ren) will receive school meals at no cost.
* Approved for **reduced-price school meals** because your income is over the free school meal limit but within the reduce-price school meal eligibility limits. **There is no cost for** (Breakfast, Lunch, or Breakfast and Lunch) **for all students.**
* **Denied** for the following reason(s):
  + Income over the allowable amount
  + Incomplete application because
  + Other

**However, there is no cost for** (Breakfast, Lunch, or Breakfast and Lunch) **for all students. This notice is a courtesy as (Name of School/District) must track student eligibility for state and federal funding purposes.**

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:

**[School Official’s name]**:

**[Address]**:

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

Sincerely,

**[Signature]**

**[Contact Information]**

**Non-discrimination Statement**: 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:

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/)

 This institution is an equal opportunity provider.