

Notification of Change in Benefits for Free and Reduced-Price School Meals

School Year 20__-20__

Dear Parent/Guardian:

offers no-cost to all students. However, **must track student federal eligibility to ensure our schools get the funding they qualify for.**

We have reviewed the free or reduced-price school meal eligibility determination of _____ 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 _____, your child(ren's) eligibility for school meals will be changed to free because your income is within the free school meal eligibility limits.

Starting _____, 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. Because **there is no cost for** _____ **for all our students, you will not have to pay anything for school meals.**

☐ Starting _____, 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: _____

However, because there is no cost for _____ **for all our students, this determination does not change your access to no-cost school meals.**

If you do not agree with the decision, you may discuss it with _____ at _____ or at _____.

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. Regardless of the determination, we will offer all students these no-cost meals.

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 _____:

School Official's name:

Address:

Phone Number:

E-mail:

Sincerely,

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

This institution is an equal opportunity provider.