

## Verification of Free or Reduced-Price School Lunch Results Letter

Student Name(s): \_\_\_\_\_

School(s): \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent or Guardian,

Your response and/or submitted documentation for verification of free or reduced-price school meals has resulted in:

- ☐ Your student's eligibility has not changed.
- ☐ Starting \_\_\_\_\_, your student's eligibility for meals will be changed **from reduced-price to free** because your income is within the free meal eligibility limits.  
Starting \_\_\_\_\_, your student's eligibility for meals will be changed **from free to reduced-price** because your income is within the reduced meal eligibility limits. This may result in the reduction of some benefits.
- ☐ Starting \_\_\_\_\_, your students are **no longer eligible for free or reduced-price benefits** for the following reason(s):
  - \_\_\_\_ Records show that you are not receiving SNAP/TANF/FDPIR benefits now or at the time of application.
  - \_\_\_\_ Your income is over the limit for free or reduced price meals.
  - \_\_\_\_ You did not provide: \_\_\_\_\_
  - \_\_\_\_ You did not respond to our request.This may result in the reduction of some benefits.

**As a reminder, \_\_\_\_\_ participates in the Healthy School Meals for All program where all \_\_\_\_\_ are offered to students at no cost. \_\_\_\_\_ does still track student eligibility for state and federal funding purposes.**

You may reapply for benefits any time during the school year. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

Households that were determined no longer eligible because no member was receiving benefits from an Assistance Program (i.e., SNAP/TANF/FDPIR) may submit an application containing household names and income information and provide written evidence of current household income.

If you disagree with this decision, you may discuss it with \_\_\_\_\_ at \_\_\_\_\_.

You also have the right to a fair hearing. If you request a hearing by \_\_\_\_\_.  
You may request a hearing by calling or writing to: \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

Sincerely,

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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.