

PARENT/GUARDIAN NOTIFICATION LETTER

Use District/School Letterhead

Dear Parent/Guardian of: _____
Name of Children and Schools

Effective on this date, _____, your application for free or reduced-price meals or free milk for your child has been: (*Note: If approved for free or reduced-price meals, maintain this copy for your records, which may be used as proof of this eligibility for other programs.*)

- APPROVED** for free (meals/milk).
- APPROVED** for reduced-price meals at \$ _____ for lunch and \$ _____ for breakfast.
- DENIED** for the following reasons: _____
 1. Your income is higher than the qualifying income guidelines. The price of a paid lunch is \$ _____.
 2. We need more information. *Please supply:*
 - Proof from DSS of a Temporary Family Assistance (TFA) or Supplemental Nutrition Assistance Program (SNAP) Client ID Case Number. (*Not a copy of the CONNECT card.*)
 - Income
 - Clarification on the frequency of income
 - The last four digits of your social security number or check the “No Social Security Number” box.
 - Total number in family/household
 - Names of **all** household members
 - Original signature
 - Other: _____

Please note that your eligibility determination for free or reduced-price meals is valid for the entire school year unless during the school year, you are selected for verification and the verification determination does not support your current benefit level.

If you have been denied benefits and your income or household size changes, you may reapply for free or reduced-price meals or free milk at any time during the school year.

If you do not agree with the decision, you may discuss it with the school. You may appeal the decision by calling or writing [insert name and title of hearing official], [insert address city, state, and zip code], [insert telephone number], [insert e-mail address].

Signature of Determining Official: _____

Date: _____

PARENT/GUARDIAN NOTIFICATION LETTER, Continued:

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;*
- (2) fax: (202) 690-7442; or*
- (3) email: program.intake@usda.gov.*

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