

Denial/Approval Notification Letter

Dear Parent or Guardian:

Your application for free and reduced-price meal services or free milk has been

- **Approved**

Period of Time:

- School Year 2023-2024

Category (select one):

- Free • Reduced-Price

Meal Services (mark all that apply):

- Breakfast (maximum price for reduced-price breakfast is 30 cents)
- Lunch (maximum price for reduced-price lunch is 40 cents)
- After-School Snack (maximum price for reduced-price after-school snack is 15 cents)
- Milk Only

- **Denied for the following reason(s)**

- Income over the allowable amount
- Incomplete application
- Inappropriate SNAP/TANF case identification number
- Other: _____

You may reapply for benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, become unemployed, or have an increase in household size, fill out an application at that time.

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing your child should receive free or reduced-price meals.

Confidentiality: School officials use the information on the application only to decide if your child should receive free or reduced-price meals, or benefits under other federal and state education programs as permitted by law.

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:

Title _____

Address _____

Telephone _____

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: <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, 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

This institution is an equal opportunity provider.

Sincerely,