(School Letterhead)

# Notification of Changing Meal Benefits

# (Use for Administrative Review, Second Review of Applications, and Verification)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent or Guardian:

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

School(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The review of documentation submitted for your child(ren)'s eligibility for free or reduced price meals is complete.

Your child(ren)’s meal benefits are changing to either Option 1 or Option 2 below:

Option 1:

Starting (3 calendar days from the date of this letter) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, your child(ren)’s eligibility for meal benefits will be:

🞎 Changed from reduced price to free due to an incorrect eligibility determination

🞎 Changed from paid to reduced price due to an incorrect eligibility determination

🞎 Changed from paid to free due to an incorrect eligibility determination

Option 2:

Starting (10 calendar days from the date of this letter) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ your child(ren)’s eligibility for free and reduced price meals benefits will be:

🞏 Changed from free to reduced price because your income is over the free income guidelines. The reduced price charge is \_\_\_\_\_\_\_ for lunch and \_\_\_\_\_\_for breakfast.

🞏 Changed from reduced price to paid because your income is over the income guidelines

🞎 Stopped for the following reasons:

🞎 Income is over the income guidelines for free or reduced price meals

🞎 Records show that you are not receiving SNAP/TANF/FDPIR at this time

* Household indicated verbally or in writing to stop benefits

🞎 No current *Confidential Application for Free and Reduced price Meals and Free Milk is* on file for your child(ren)

The price charged for paid is \_\_\_\_\_\_\_\_\_\_\_for lunch and \_\_\_\_\_\_\_\_\_\_for breakfast.

If you do not agree with the decision above, you have the right to a fair hearing. If you request a hearing by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (10 calendar days from the date of this notice), your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a fair hearing by calling or writing the following official:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were selected for Verification and benefits were reduced or terminated, you must provide proof of eligibility with your application. If you are not currently eligible but your circumstances change, such as a decrease in household income, an increase in household size, become unemployed, or get SNAP, TANF, or FDPIR benefits, please complete an application at that time. You may apply for free or reduced price meals at any time during the school year.

For more information please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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/ad-3027.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)

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