

**LETTER OF VERIFICATION RESULTS AND CHANGE IN ELIGIBILITY**

Child/Children's Name: \_\_\_\_\_

School: \_\_\_\_\_

Date:

Dear: \_\_\_\_\_

We have completed verification of your child/children's eligibility for school meal benefits. Starting on (10 calendar days from the date sent) your child/children's eligibility for meal benefits will be:

\_\_\_\_\_ Changed from free to reduced price because your income is over the allowable amount. The reduced price charge is \_\_\_ cents for lunch and \_\_\_ cents for breakfast.

\_\_\_\_\_ Stopped for the following reason(s):

- Your income is over the allowable amount for free or reduced price meals.
- You did not provide proof of current eligibility or eligibility for the month prior to when you applied for benefits.

\_\_\_\_\_ Changed from reduced price to free immediately because your income is within the free meal eligibility limits. Your child/children will receive meals at no charge.

If you are not eligible for benefits now, but have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out an application at that time to reapply for benefits. You will be asked to provide documentation of your household income before your application can be approved.

If your benefits have been reduced or denied based on current income and you can supply documentation that confirms the information on the application for the month prior to when you applied, your benefits will remain the same for this school year.

If you do not agree with the decision, you may discuss it with \_\_\_\_\_ (verifying official) \_\_\_\_\_. You also have the right to a fair hearing. If you request a hearing by \_\_\_\_\_ (10 calendar days) \_\_\_\_\_, your child/children 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:

Address:

Sincerely,

## Attachment C (page 2 of 2)

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

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