**Attachment D (page 1 of 2)**

 **LETTER OF CHANGE IN ELIGIBILITY FOR SNAP/TANF/FDPIR HOUSEHOLDS**

Date:

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

Available records show that at this time your household is not receiving assistance through Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or is not participating in the Food Distribution Program on Indian Reservations (FDPIR).

To continue benefits for your child/children you must submit documentation that you received SNAP/TANF/FDPIR benefits when you submitted your application **OR**

1. Complete a new application with income information,

2. Write the name of each adult household member on the attached sheet of paper (include Attachment A, page 2), and

3. Submit papers that show your household's current income.

Your child's/children’s free school meal benefits will be stopped on (insert the date 10 days from the above date) unless we receive this information. Any continued free or reduced price meals will depend on your current household income or the receipt of information confirming receipt of SNAP/TANF/FDPIR at the time the application was submitted.

If you do not agree with the decision, you may discuss it with (verification official) . You also have the right to a fair hearing. If you request a hearing by (date 10 calendar days from date sent), 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 hearing official:

Name:

Address:

If you are not eligible for benefits now, but your household circumstances change, you may fill out an application at that time and reapply for benefits. Your eligibility will be verified at the time of reapplication as noted above.

Sincerely,

**Attachment D (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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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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