## NOTIFICATION OF CONTINUATION OF BENEFITS AS A RESULT OF VERIFICATION

	Date:
Dear <u>:</u>	
	ducation agency) in its verification of eligibility for schoo ficient for us to verify your eligibility for meal benefits.
We appreciate your cooperation and support during program, please do not hesitate to contact our office	this process. If you have any questions concerning ou e.
Sincerely,	
In accordance with Federal civil rights law and U.S. Department of its Agencies, offices, and employees, and institutions participating discriminating based on race, color, national origin, sex, disability program or activity conducted or funded by USDA.	
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at: https://www.usda.gov/oascr/how-to-file-a-progra	A Program Discrimination Complaint Form, (AD-3027) found online am-discrimination-complaint and at any USDA office, or write ormation requested in the form. To request a copy of the complaint 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	

This institution is an equal opportunity provider.

(3) email: program.intake@usda.gov.