

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)

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

This institution is an equal opportunity provider.