

## 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. **Your child(ren) will still receive meals at no charge.**

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

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

**Your child(ren) will still receive meals at no charge.**

\_\_\_\_\_ Changed from reduced price to free immediately because your income is within the free meal eligibility limits. **Your child(ren) 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 benefit status 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's free or reduced price benefit status will remain 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,

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027\(link is external\)](#), found online at 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** [program.intake@usda.gov\(link sends e-mail\)](mailto:program.intake@usda.gov).

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