

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 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 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)

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/ad-3027.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.