NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-price meals for the following child(ren):

_____ _____
_____ _____
_____ _____

Your application was:

- ❑ Approved for free meals
- ❑ Approved for reduced-price meals at $ _____ for lunch, $ _____ for breakfast, and $ _____ for snacks
- ❑ Denied for the following reason(s):
  - ❑ Income over the allowable amount
  - ❑ Incomplete application because_____
  - ❑ Other _____

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or at **[e-mail address]**. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS:_____

_____

PHONE NUMBER: _____ E-MAIL _____

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, you may fill out a new application at that time.

Sincerely,

[signature]

_____
Name Title Date

"USDA is an equal opportunity provider and employer."

ALTERNATIVE: PROVISION 2 PROTOTYPE LETTER FOR BASE YEAR NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-price meals for the following child(ren);

_____ _____

_____ _____

Your application was:

- ❑ Approved for free meals
- ❑ Approved for reduced-price meals
- ❑ Denied for the following reason(s):
- ❑ Income over the allowable amount
  - ❑ Incomplete application because_____. Please return a completed application or call with the missing information.
  - ❑ Other _____

Because **[School Name]** participates in Special Assistance Certification and Reimbursement Alternative- Provision II, your child(ren) will receive **[breakfast, lunch, breakfast and lunch]** at no charge.

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or at **[e-mail address]**. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS:

_____

PHONE NUMBER: _____ E-MAIL _____

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, you may fill out a new application at that time.

Sincerely,

[signature]

_____

Name Title Date

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