**WE HAVE CHECKED YOUR APPLICATION-FOR VERIFICATION ONLY**

Dear **[household adult(s)]:** Date:

Thank you for submitting the requested documents to confirm meal eligibility for **[name(s) of child(ren)].**

The information has been reviewed, and it has been determined that:

* Your child(ren)’s eligibility has not changed.
* Starting **[date]**, your child(ren)’s eligibility for meals will be changed from reduced price to free because your income is within the free meal eligibility limits.
* Starting **[10 calendar days from this letter date]**, your child(ren)’s eligibility will be changed from free to reduced because your income falls in the reduced eligibility limits.
* Starting **[10 calendar days from this letter date]**, your child(ren) is no longer eligible for free or reduced for the following reason(s):

\_\_\_ Records show that no one in your household received **FoodShare** or **W-2 Cash Benefits**.

\_\_\_ Records show that the child(ren) is/are not homeless, runaway, or migrant.

\_\_\_ Your income is over the limit for free or reduced eligibility.

\_\_\_ You did not provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ You did not respond to the request for verification information.

If your household income goes down or your household size goes up, you may apply again. If you were denied benefits because no one in the household receivedFoodShare orW-2 CashBenefitsorFood Distribution Program on Indian Reservations **(**FDPIR)benefits, you may reapply based on income eligibility. If you choose to reapply for meal benefits, proof of current eligibility will be required.

If you disagree with this decision, you may discuss it with **[name of verifying official]** at **[phone]** or **[e-mail]**. You also have the right to a fair hearing. If you request a hearing by **[date = 10 calendar days from date of letter]**, your child(ren) will continue to qualify for free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name of hearing official]**, **[address]**, **[phone number], or [e-mail].**

Sincerely,

**[Signature]**

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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

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