

School Year [20XX – XX] [insert school/district name]
Notification Letter for Free or Reduced-Price Meals

[insert date] Within last 12 months

Dear Parent or Guardian:

We reviewed your application for free or reduced-price meals for the current school year. Each child identified below is:

Name of Child	Name of School

- APPROVED** for **FREE** meals.
- APPROVED** for **REDUCED-PRICE** meals.
Rates: lunch [insert price], breakfast [insert price], and afterschool snack [insert price]
- DENIED** for the following reason(s):
 - Total household income is greater than the allowable amount for free or reduced-price meals.
 - Your application is incomplete. The following information must be provided: [insert reason]
 - Other: [insert reason]

If you do not agree or to request a fair hearing to appeal this decision, please contact:

Name: [insert name] Phone Number: [insert phone number]

Address: [insert address]

You may reapply for free or reduced-price benefits at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, someone in your household becomes unemployed, or your household qualifies for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or the Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit a new application at that time.

PLEASE NOTE: The child/children listed above may also be eligible to receive assistance for other programs, such as [insert programs].

To protect the confidentiality of your child, we cannot share the eligibility status with other programs. However, YOU may share this notification letter by providing a copy to other programs at the school or within your community. Please keep this letter.

Sincerely,

[insert name]

[insert title]

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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 Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: program.intake@usda.gov.

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SCHOOL NAME:

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

DATE: **Within last 12 months**

You applied for free or reduced-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 _____

Sincerely,

[signature]

_____	_____	_____
Name	Title	Date

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

AUTOMATIC APPROVAL FOR FREE OR REDUCED PRICE SCHOOL MEALS (DIRECT CERTIFICATION)

Dear Parent/Guardian:

Date: **Within last 12 months**

We want to let you know that the child(ren) listed below are automatically eligible to receive **[select free or reduced price]** meals at school because they receive FoodShare, Wisconsin Works (W-2) cash benefits, Medicaid, Food Distribution on Indian Reservations (FDPIR), or based on their eligibility as a foster child. The child(ren) listed will automatically receive free or reduced price meals through the remainder of the school year and up to the first 30 days of the next school year. **Please do not fill out an application for the child(ren) eligible for free meals. If your child(ren) are approved for Medicaid reduced price meals, you may qualify for free meals by completing an application.**

Name of Child	Name of School	Free	Reduced

If there are other children in your household who aren't listed above, they may also automatically qualify for free or reduced price meals. Free or reduced price meal benefits are extended to children who are members of a household receiving FoodShare, W-2 cash benefits, Medicaid or FDPIR. However, free or reduced price meal benefits do not automatically extend to children in households with a foster child (unless that household is also receiving FoodShare, W-2 cash benefits, FDPIR, or Medicaid benefits).

Please provide the names of additional child(ren) who are members of a household that are not listed above and return this letter to the address listed below. We will update our records to indicate they qualify for free or reduced price meals effective on the date this information is received. If you have more children to list than the space below allows, attach a separate sheet listing them.

Name of Child	Name of School

REMINDER: Meal benefits apply only to the reimbursable meal. The reimbursable meal includes milk as one of the required components, and must be priced as a unit. If the student decides to take only milk, this is not a reimbursable meal and will be charged for the milk as an a la carte item.

If you have any additional questions, please feel free to contact:

[name]
[mailing address]
[phone number]
[e-mail address]

Sincerely,

[signature]

If you do not want your child(ren) to receive these free or reduced price meals benefits, please fill out the back side of this form, detach, and return the bottom section to the address listed above.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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If you do not want your child(ren) to receive these free or reduced price meals benefits, please fill out, detach, and return this section to your child's school.

Date: _____

I do not want my child(ren) _____
to receive free or reduced price meals. (Child(ren)'s Name, please print clearly)

Signature of Parent or Guardian _____

NOTIFICATION LETTER FOR SCHOOL MEALS

Dear Parent/Guardian:

This letter is a notification of meal benefits for the child(ren) listed below.

Name of Child	Name of School

Your child(ren) has been:

Approved

- Approved for free meals
- Approved for reduced-price meals at _____ cents for lunch and _____ cents for breakfast

Denied

- Income over the allowable amount
- SNAP/TANF/FDPIR case # invalid
- Incomplete application. The following is missing: _____
- Other: _____

If you do not agree with the decision you may discuss it with the school official. You also have the right to a fair hearing. This can be done by contacting the following official: **[name, phone number, address, e-mail address]**

You are able to re-apply for free and reduced-price benefits at any time during the school year by completing another application. Return the completed application to: **[name, address, phone number]**.

Sincerely,

[signature]

[name]

[phone number][e-mail address]

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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[Insert District Letterhead]
Notification of Eligibility for
Free and Reduced-Price School Meals
School Year 20 -20

Dear Parent/Guardian:

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

Your application was:

- Approved for **free school meals** because your income is within the free school meal eligibility limits. Your child(ren) will receive school meals at no cost.
- Approved for **reduced-price school meals** because your income is over the free school meal limit but within the reduced-price school meal eligibility limits. There is no cost for breakfast or lunch for all qualifying reduced-price students.
- 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]**. If your income or household size changes or you have become eligible for SNAP, TANF or FDIPIR you can re-apply at any time throughout the school year.

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:

[School Official's name]: _____
[Address]: _____
[Phone Number]: _____ **[E-mail]:** _____

Sincerely,

[Signature]

[Contact Information]

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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 Washington, D.C. 20250-9410;

Denial/Approval Notification Letter

Dear Parent or Guardian:

Your application for free and reduced-price meal services or free milk has been

Approved

Period of Time:

School Year 2020-2021

Category (select one):

Free Reduced-Price

Meal Services (mark all that apply):

Breakfast (maximum price for reduced-price breakfast is 30 cents)

Lunch (maximum price for reduced-price lunch is 40 cents)

After-School Snack (maximum price for reduced-price after-school snack is 15 cents)

Milk Only

Denied for the following reason(s)

Income over the allowable amount.

Incomplete application

Inappropriate SNAP/TANF case identification number

Other: _____

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 household size, fill out an application at that time.

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing your child should receive free or reduced-price meals.

Confidentiality: School officials use the information on the application only to decide if your child should receive free or reduced-price meals, or benefits under other federal and state education programs as permitted by law.

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:

Title _____

Address _____

Telephone _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, 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, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

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Sincerely,

Notice of Approval or Denial For Free or Reduced-Price School Meals

School Year _____

Dear Parent or Guardian:

Date:

- Your application for school meal benefits for your child or children is approved starting (date) for:
- Free school meals.
 - Reduced-price school meals. Meals will be provided at no charge to you as provided by state law.

Your child or children may have received school meals at no charge before the date shown above if they were approved for meal benefits last school year.

- Your application for school meal benefits for your child or children is denied for the reason shown below. (If you have a child in a kindergarten program that offers school breakfast, the program will provide school breakfast to the child at no charge to you.)
- Your total household income is over the allowable amount.
 - Your application was incomplete. Please complete and return the enclosed application. The following information is missing:
 - Names of all household members.
 - Sources of income for each household member.
 - Signature of an adult household member.
 - The last four digits of the Social Security number of the person signing the application, or an indication that the person has no Social Security number.
 - Other: _____

You may reapply for school meal benefits at any time during the school year. You should reapply to find out whether you are eligible for school meal benefits if you become unemployed or otherwise have a decrease in household income or an increase in the size of your household.

If you do not agree with this denial, you may discuss it with:

School Contact

Phone Number

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling:

Hearing Official Phone Number

Sincerely,

(District Official)

**NOTICE OF APPROVAL OR DENIAL
STATUS OF FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

Dear **[Name of Parent]**:

Your application has been;

- Approved for free meals
- Approved for reduced price meals

The cost of reduced price meals are as follows:

Lunch: _____ Breakfast: _____

Denied for the following reasons:

Income over the allowable amount

Incomplete application because _____

Other: _____

If your application has been denied because it is incomplete, it will be reevaluated when necessary information is submitted. This information can be submitted in person or by letter. If you do not agree with this denial, you may wish to discuss it with me but you still have the right to a fair hearing by calling or writing **[Name and title of Hearing Official]**. An appeal must be filed within the 10 calendar days advance notice period to ensure continued benefits while awaiting a hearing and decision.

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, fill out an application at that time.

Sincerely,

[Signature, name and address of Determining Official]

Regulations require that the parent be notified in writing if the application has been denied. This form may also be used to notify parents of meal benefit approval.

(Information follows on the reverse side.)

Put school letterhead here

Date: _____

Eligibility Notification Letter – Free and Reduced Price Meal Benefits

Dear Parent or Guardian of _____:

This letter contains important information about your application for free and reduced price school meals. Based on the information provided, your child(ren)'s meal application is:

- Approved for Free Meals**
- Approved for Reduced Price Meals**
 Reduced breakfast price: _____ Reduced lunch price: _____
- Denied meal benefits**
 - Income too high
 - Incomplete application: _____
 - Other: _____
- Changing from last school year in 10 calendar days, _____, from this letter's date to:**
(date)
 - Free to Reduced Price
 - Free to Paid
 - Reduced Price to Paid

NOTE: If you do not currently qualify for free or reduced price meals, but have a change during this school year (such as a decrease in household income, an increase in household size, become unemployed, or receive Food Stamps, TANF or FDPIR benefits) complete a meal application at that time.

You may contact us if you do not agree with the decision about your meal application. You may request a fair hearing by calling or writing:

Name Phone

Address

The school may verify information on the application at any time during the school year.

Sincerely,

Eligibility Official Phone