



NOTIFICATION LETTER FOR SCHOOL MEALS

Date: ____/____/____

Dear _____:
(Parent/Guardian Name)

Your application for free and reduced meals for _____ has been:
(Child's Name)

- Approved for FREE meals** – your child will receive free breakfast and lunch.
- Approved for REDUCED-PRICE meals** - You will be required to pay **\$.25 cents for lunch**; no money is required for breakfast.
- Temporarily Approved for FREE meals.** The School Meals Program regulations states applications with **no income** can only be approved temporarily ***for a maximum of 45 days***. After ____/____/____, you must provide an update of income status for their children to continue to receive free meal benefits. You may either call our office with the current income information or complete the enclosed application. If we do not receive the updated information by the specified date, your child will no longer be eligible to receive free meal benefits, and you will be required to pay **\$1.50 for lunch**; no money is required for breakfast.
- Denied for the following reason(s) below** and you will be required to pay **\$1.50 for lunch**; no money is required for breakfast.
 - Income over the allowable amount** – total household income and family size reported does not qualify you for free or reduced-price meals.
 - Incomplete Application** - the following information below is missing, incomplete or unclear. Contact the school with this information to continue the approval process.
 - Household Income
 - Social Security Number
 - Adult Household Member Signature

If you do not agree with the decision, you **must** first call the school and discuss it with the person who processed your application.

SCHOOL OFFICIAL NAME: _____ **SCHOOL TITLE:** _____

If you are not satisfied with the school's response you also have a right to a fair hearing. This can be done by calling or writing the following official: **Name:** Office of SchoolFood – Compliance and Monitoring Unit
Address: 44-36 Vernon Blvd., Long Island City, NY 11101
Phone: (718) 707-4471

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, you may fill out another application at that time.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.