

ATTACHMENT D
NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear _____ :

Your application for free or reduced-price school meals for your child(ren) has been:

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

Other: _____

If you do not agree with the decision, you may discuss it with the school.

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: _____

TOLL-FREE/COLLECT/LOCAL PHONE NUMBER: (Circle One) _____

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,

(Name)

(Title)

(Date)

In accordance with federal law and United States Department of Agriculture (USDA) policy, participating institutions are prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC, 20250-9410, or call toll-free 866-632-9992 (Voice). Individuals who are hearing-impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish). USDA is an equal opportunity provider and employer.