

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.
- Approved temporarily for free meals based on income. Reapplication must be made on _____ for an extension of eligibility.
- Approved temporarily for reduced-price meals based on income. Reapplication must be made on _____ for an extension of eligibility.
- 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)

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Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

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