*🡪 INSERT DISTRICT LETTERHEAD 🡨*

Letter to Notify Household of Eligibility Status

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| --- |
|  |

Parent or Guardian: Date:

Your application for free and reduced price meals or free milk has been reviewed with the following results. Effective **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** your child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is/are:

(*Insert date*)

APPROVED

Free Meals  Free Milk

Reduced Price Meals. Your cost is *$*per breakfast, *$*  per lunch and/or *$*  per after school snack.

###### DENIED/PAID

Your application is still incomplete.

Total household income exceeds the federal income eligibility guidelines. Your cost is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Breakfast** | **Lunch** | **Snack** | **Split Session Milk Program** |
| Elementary |  |  |  |  |
| Middle |  |  |  |  |
| High School |  |  |  |  |

If you do not agree with the above decision, you may discuss it with a school official and you have the right to a fair hearing. This can be done by calling or writing to the following official:

|  |  |  |
| --- | --- | --- |
|  |  |  |

### (Name of Hearing Officer) (Address) (Telephone Number)

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 to reapply for benefits. If your household does not qualify for benefits, there are other resources that may help. Check out <https://www.nj211.org/> or <http://www.endhungernj.org/>.

Sincerely,

|  |
| --- |
|  |

*(SIGNATURE)*

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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](http://mailto:program.intake@usda.gov/)

This institution is an equal opportunity provider.