

→ INSERT DISTRICT LETTERHEAD ←
Letter to Notify Household of Eligibility Status

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.

Sincerely,

(SIGNATURE)

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