**INSTRUCTIONS FOR**

**LETTER OF DETERMINATION – PRICING PROGRAMS (H1663)**

Contracting entities (CEs) that operate a pricing program must use this letter to inform a participant about the eligibility determination made regarding his/her *CACFP Meal Benefit Income Eligibility* form.

Enter the date of letter and name of participant in the space provided.

Indicate if the participant is eligible for free meals or eligible for reduced-price meals. Enter the meal prices in the spaces provided if the participant is eligible for reduced-price meals.

If the participant is not eligible for free or reduced-price meals indicate “Denied”, enter the effective date, and mark the reason the participant is denied. If “other”, provide an explanation.

Enter the name, title, address and telephone number of the hearing official.

The site representative will sign the form, and print his/her name and title.

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| **Your application for meals in the Child and Adult Care Food Program (CACFP) is:**/ Su solicitud para comidas del Programa de Alimentos para Centros de Cuidado de Adultos y Niños (CACFP) ha sido: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Approved for free meals**/ Aprobada para comidas gratis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Approved for reduced-price meals at the following rates:**/ Aprobada para comidas a precio reducido a los siguientes precios: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Breakfast**/Desayuno | | | | | **Lunch/Supper**/ Almuerzo/Cena | | | | | | | | | | | | | | | **Snack**/ Bocadillo | | | | | | | | | |
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|  | | **Denied, effective**/ Negada, a partir del | | | | | | |  | | | | | | | | | **for the following reason:**/ por la siguiente razón: | | | | | | | | | | | | | |
|  | |  | **Income Over the Allowable Amount**/ Los ingresos sobrepasan la cantidad permitida | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | **Incomplete Application**/ La solicitud está incompleta | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | **Other (explain)**/ Otra (por favor, explique): | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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| **If you do not agree with this decision, you may discuss it with us. If you want to review the decision further you have a right to a fair hearing. Call or write:** | | | | | | | | | | | | | | |  | Si no está de acuerdo con esta decisión, puede hablar con nosotros. Si quiere revisar la decisión más a fondo, tiene el derecho a una audiencia imparcial. Llame o escriba: | | | | | | | | | | | | | | | |
| **Name (print)**/Nombre (en letra de molde) | | | | | | | | | | | | | | **Title**/Título | | | | | | | | | | **Telephone No.**/Teléfono | | | | | | | |
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| **Address**/Dirección | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Households approved for free or reduced-price meals are not required to report changes in income status, household size or when the household is no longer eligible for Medicaid, SSI or SNAP. This provision does not apply to a household provided with “temporary” approval for meal benefits. You may apply for program benefits at any time during the year. If you are not eligible now but your household income decreases, you become unemployed, or your household size increases, you may fill out a new application.**  **Sincerely,** | | | | | | | | | | | | | | |  | **Las unidades familiares aprobadas para recibir comida gratis o a precio reducido no tienen que informar sobre cambios en los ingresos, el número de personas en la unidad familiar o si la unidad familiar ya no llena los requisitos para Medicaid, SSI, o SNAP. Esta disposición no se aplica a las unidades familiares que tienen aprobación "temporal" para recibir beneficios de comidas.**  Puede solicitar beneficios del programa en cualquier momento durante el año. Si actualmente no llena los requisitos del programa pero los ingresos de su unidad familiar se reducen, usted pierde su trabajo o el número de miembros de la unidad familiar aumenta, puede llenar una nueva solicitud.  Atentamente | | | | | | | | | | | | | | | |
|  | |  | |  |  |  |  | | | | | | **Name (print)**/Nombre (en letra de molde) | | | | | | | | | | | | | **Title**/Título | | | | | |
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| **Signature—Facility Representative**/ Firma del representante del centro | | | | | | | | | | |  | |  | | | |  | |  | |  | |  | |  | | |  |  |  | |
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| **NONDISCRIMINATION:** 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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;  (2)  fax: (833) 256-1665 or (202) 690-7442; or  (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  This institution is an equal opportunity provider. | | | | | | | | | | | | | | |  | **DECLARACIÓN de NO-DISCRIMINACIÓN**: De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.  La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.  Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:  (1) correo: U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue, SW  Washington, D.C. 20250-9410; o  (2) fax: (833) 256-1665 o (202) 690-7442; o  (3) correo electrónico: program.intake@usda.gov.  Esta entidad es un proveedor que brinda igualdad de oportunidades. | | | | | | | | | | | | | | | |