**Letter to Household, Eligibility Based on Household Meal Application**

*{insert contracting entity (CE) letterhead}*

*{insert date}*

Dear *{insert parent or guardian name}*:

We have reviewed your application for free and reduced-price school meals for the following student(s):

*{insert student’s name}, {insert name of school}*

**The determination below will be implemented in the 2022-2023 school year and will last until a new eligibility determination is made or 30 operating days pass, whichever occurs first. For the 2021-2022 school year, the student(s) listed above will be offered free meals for the current school year regardless of the determination listed below.**

Your application has been

* Approved for free meals.

🞏 Approved for reduced-price meals.

* Denied for the following reason(s):

⭘ Income over the allowable amount.

⭘ Incomplete application, please complete the forms attached to provide the needed information.

If you do not agree with the decision, you may discuss it with *{insert name and phone number of the reviewing official and email address if appropriate}*. You also have a right to a fair hearing. To request a fair hearing, call or write the following official within 10 calendar days:

*{insert name and title of hearing official}*

*{insert address}*

*{insert telephone number}*

You may reapply for meal benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size, or qualify for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Federal Distribution Program on Indian Reservations (FDPIR), you may fill out another application at that time.

Sincerely,

*{insert signature of reviewing official}*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.