ATTACHMENT M

**Parent(s)/Guardian(s) NOTIFICATION OF ELIGIBILITY DETERMINATION for Meal Benefits**

TO: Parent(s)/Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: Parent Income Application for Free and Reduced Price Meals, After School Snacks, and Special Milk Program

**The parent income application submitted has been:**

[ ]  **Approved** and determined eligible for the following meal benefit:

 [ ]  **Free meals,** effective immediately.

 [ ]  **Reduced Price meals**. The reduced price charge is not more than $.40 cents daily for lunch, $.00 cents daily
 for breakfast, if a breakfast program is in operation, and $.15 cents for snack, if an afternoon snack program is
 in operation.

 [ ]  **Free milk,** effective immediately.

[ ]  **Changed** and determined eligible for the following meal benefit:

 [ ]  **Reduced Price to Free,** due to your income being within the free meal eligibility income guidelines.
 Reduced price meals cost **$.40** for lunch and **$.00** for breakfast.

 [ ]  **Free to Reduced Price,** due to your income being above the free meal eligibility income guidelines.

 [ ]  **Denied to Free:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  **Denied to Reduced Price:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,your child(ren)’s eligibility for Free or Reduced Price meal benefits have been changed.

[ ]  **Denied** for meal benefits:

 [ ]  The parent income application was incomplete.

 The following information was missing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  The household income for the family size did not meet the income guidelines for either Free or

 Reduced-Price meal benefits.

 [ ] Other**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,your child(ren) are no longer eligible for Free or Reduced Price mealsfor the following reason(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You have the right to appeal any of these decisions. If you wish to review the decision further, you have a right to a fair hearing. Please refer to the attached form, “Parent Appeal Rights and Procedures.”

The meal benefit eligibility determined by the parent income application is for the school year 2021 - 2022. You may reapply for meal benefits at any time during the school year by completing a parent income application. If you are not eligible now for meal benefits, but have a change in household income and/or family size, your child(ren) may be eligible for meal benefits by completing another parent income application.

Signature of School Food Authority Representative Title Date

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***Non-discrimination Statement***

Revised 6/2017

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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html>, 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.

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ATTACHMENT M

(To be included with denial of either free or reduced price meals, snacks or milk approval.)

**PARENT APPEAL RIGHTS AND PROCEDURES**

Right to Appeal

Any person who is not satisfied with the decision of the Approving Official regarding eligibility for Free or Reduced Price Meals or Free Milk may appeal and receive a hearing. A Hearing Officer will hear your appeal and make a decision.

Hearing Procedures

 1. If you want to appeal the decision of the approving official regarding meal/milk benefits, you should request a hearing with

 (Name of Hearing Official)

 at .
 (Phone number)

 2. You have the right to examine, before the hearing, any records concerning your child's eligibility. This includes any documents and records presented to support the decision under appeal.

 3. You may request an informal meeting with a representative of the School Department prior to the hearing.

 4. The hearing will be scheduled with reasonable promptness. If possible, it will be held at a time, place and date convenient for you. You will receive written notice of the hearing schedule.

 5. You may choose to be represented at the hearing by an attorney or a friend. You may represent yourself.

 6. At the hearing, you have the right to present oral and written evidence to support your appeal and to present witnesses to testify for you.

 7. You have the right to question any witnesses presented by the School Department and refute any testimony or evidence presented by the School Department.

 8. The hearing will be conducted by the Hearing Official who did not participate in making the School Department's decision to deny your child's application.

 9. The decision of the Hearing Official will be based only on the evidence presented at the hearing.

10. You will be notified in writing by the Hearing Official of the decision concerning your appeal.

11. The decision of the Hearing Officer will be the final administrative decision. You have the right to appeal any adverse decision to the Superior Court within thirty (30) days of the decision.

12. A written record of the hearing and the decision will be maintained and will be available for examination for a period of three (3) years plus the current year.

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