

(Place on School Letterhead)

**VERIFICATION RESULTS AND ADVERSE
ACTION FOR INCOME HOUSEHOLDS**

(Electronic Friendly)

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[names of children]** are eligible for free or reduced-price meals and have decided that:

- Your children's eligibility has not changed.
- Starting **[date]**, your children's eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your children will receive meals at no cost.
- Starting **[date]**, your children's eligibility for meals will be changed **from free to reduced price** because your income is over the limit of the Free guidelines. Reduced price meals cost **\$.40** for lunch, **\$.00** for breakfast and **\$.15** for after school snack.
- Starting **[date]**, **your children are no longer eligible** for free or reduced-price meals for the following reason(s):

___ Records show that you are not receiving Food Stamps or TANF at this time

___ Your income is over the limit for free or reduced-price meals

___ You did not provide: _____

___ You did not respond to our request

Meals cost **[\$]** for lunch, **[\$]** for breakfast and if applicable, **[\$]** for after school snack.

If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your children will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone #]**

Sincerely,

[USDA Nondiscrimination Statement | Food and Nutrition Service](#)

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

This institution is an equal opportunity provider.

(Place on School Letterhead)

**VERIFICATION RESULTS AND ADVERSE
ACTION FOR INCOME HOUSEHOLDS**
(Paper Friendly)

Child(ren)'s Name(s): _____

School: _____ Date: _____

Dear _____:

We have completed verification of your child(ren)'s eligibility. Starting _____
(10 calendar days from the date sent)
your child(ren)'s eligibility for meal benefits will be:

Changed from **free** to **reduced price** because your income is over the allowable free amount.
The reduced-price charge is \$.40 cents for lunch, \$.00 cents for breakfast and if applicable, \$.15 cents
for after school snacks. This determination is for the school year. There is no requirement to report a
change in income.

Stopped for the following reason(s):

your income is over the allowable amount for free or reduced-price meals;

you did not provide proof of current eligibility. The following information is missing:

Changed from **reduced price** to **free** meals because your income is within the free meal eligibility limits.
Your child(ren) will receive meals at no cost. There is no requirement to report a change in income.

If you are not eligible for benefits now but have a decrease in household income, become unemployed, or have
an increase in the size of your household, you may fill out an application at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with: _____ (approving official). You also have the right
to a fair hearing. If you request a hearing by _____ (date), your child(ren) will continue to

receive _____ (free or reduced-price meals) until the decision of the Hearing Official is made. You may
request a fair hearing by calling or writing the following official.

Name: _____

Address: _____

Telephone No.: _____

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