

LETTER OF VERIFICATION RESULTS AND RELATED ACTION FOR INCOME HOUSEHOLDS

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)

your child(ren)'s eligibility for meal benefits will be:

_____ Changed from free to reduced price because your income is over the allowable amount. The reduced price charge is _____cents for lunch and _____cents for breakfast. You must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases.

_____ 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: _____

Starting immediately your child(ren)'s eligibility for meal benefits will be:

_____ Changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost. You must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases.

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 _____ (verifying official)

also have the right to a fair hearing. If you request a hearing by _____ your child(ren) will continue to receive _____ (date)

(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 Number: _____

Sincerely,

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.