

LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION FOR FOOD STAMP/VA TANF HOUSEHOLDS

Date: _____

Dear: _____

Available records show that your household is not getting food stamps/ VA TANF at this time. To continue benefits for your child:

- (1) complete a new application with income information,**
- (2) write the name and social security number of each adult household member on the enclosed sheet of paper, and**
- (3) Submit papers that show your household's current income.**

Your child's free school meal benefits will be stopped on _____ (insert 10 days from the date sent) unless we receive this information. Any continued free or reduced price meals will depend on your current household income.

If you do not agree with the decision, you may discuss it with _____ (school official) by calling _____ (telephone number).

You also have a right to a fair hearing. This can be done by calling or writing the following official:

Name: _____

Address: _____

Phone: _____

If you request a hearing by _____ (insert 10 days from the date sent), your child will continue to receive free meals until the decision of the hearing official is made.

If you are not eligible for benefits now, but your household circumstances change, you may fill out an application at that time and reapply for benefits.

Sincerely,

Enclosures (Verification Information for Free and Reduced Price Meals--Enclosure #1)
(Form for Social Security Numbers-- Enclosure #2)

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