MEAL BENEFIT NOTIFICATION

Dear Parent:

Your application for free or reduced price meals for your child has been:

☐ Approved for free lunch (and breakfast)

☐ Approved for reduced price lunch ☐ (and reduced price breakfast)

☐ *Denied for the following reason(s):

If you do not agree with the decision on your application, you may wish to discuss it with the school official. If you wish to review the decision further, you have the right to a fair hearing. This can be done by calling or writing:

[INSERT THE NAME, ADDRESS AND TELEPHONE NUMBER OF HEARING OFFICIAL]

Name Address Telephone ( )

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

In the operation of Child Feeding Programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write immediately to the Secretary of Agriculture, Washington DC 20250.

Notice to Household

Please retain this document for verification of eligibility for participation in the National School Lunch Program.

*If denied, hearing procedures have been enclosed.