

## CONFIRMATION REVIEW OF BENEFITS NOTIFICATION AND ADVERSE ACTION

Children's Names: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We have completed a confirmation review of your children's eligibility. This review brought to our attention that an error was made in the children's initial determination of benefits. Starting \_\_\_\_\_  
(10 calendar days from the date sent)  
your children's eligibility for meal benefits will be:

Changed from free to reduced-price. The reduced-price charge is \_\_\_\_\_ cents for lunch and \_\_\_\_\_ cents for breakfast.

Stopped for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_

Starting immediately, your children's eligibility for meal benefits will be:

Changed from reduced-price to free. Your children will receive meals at no cost.

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 a form at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with \_\_\_\_\_  
(Verifying Official)

You also have the right to a fair hearing. If you request a hearing by \_\_\_\_\_  
(Date),

your children will continue to receive \_\_\_\_\_ until the decision  
(Free or Reduced-Price Meals)

of the hearing official is made. You may request a fair hearing by calling or writing the following official:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Toll-Free/Collect/Local Telephone Number: \_\_\_\_\_  
(Circle One)

Sincerely,

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, 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 [ASL]) 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* (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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
3. E-Mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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