VERIFICATION RESULTS/ADVERSE ACTION WE HAVE CHECKED YOUR APPLICATION

School:	Date:
Dear:	
We checked the information you sent us to prove that	Name(s) of Child(ren) hat:
Your child(ren)'s eligibility has not changed. Starting, your child(ren)'s eligibil <i>free</i> because your income is within the free meal-eligib cost. Starting, your child(ren)'s eligibil <i>price</i> because your income is over the limit. Reduced-p	ility limits. Your child(ren) will receive meals at no lity for meals will be changed from <i>free to reduced</i> -
for breakfast. Starting, your child(ren) is/are not the following reason(s):	o longer eligible for free or reduced-price meals for
Records show that no one in your household re Records show that the child(ren) is/are not hom Your income is over the limit for free or reduc You did not provide: You did not respond to our request.	neless, runaway, or migrant. ed-price meals.
Meals cost \$ for lunch and \$ for breakfa household size goes up, you may apply again. If you were household receives SNAP, TANF, or FDPIR benefits, you may provide proof of current eligibility, you will be asked to do so if	previously denied benefits because no one in the reapply based on income eligibility. If you did not

(Name)

(Address)

(Phone Number)

(E-mail)

Sincerely,

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