NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guard	ian:		
You applied for fre	e or reduced-price meals for the following children:		
	Approved for free meals.		
	Approved for reduced-price meals at \$ for snacks.	for lunch, \$	for breakfast, and
	Denied for the following reason(s):		
	Income over the allowable amo	ount	
	Incomplete application		
	Other:		
If you do not agree	with the decision, you may discuss it with the school		
If you wish to revio	ew the decision further, you have a right to a fair hea	aring. This can be done by cal	ling or writing the following
NAME:			
ADDRESS:			
TOLL-FREE/COL	LECT/LOCAL PHONE NUMBER: (Circle One)_		
E-Mail:			
If you are not eligiout an application a	ble now but have a decrease in household income, bat that time.	ecome unemployed, or have a	n increase in family size, fill
Sincerely,			
	(Name)	(7	Citle)
	(Date)		

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 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:

Mail: U. S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

Fax: 202-690-7442

E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.