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| LETTER TO HOUSEHOLD | | | |
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| LETTER OF VERIFICATION RESULTS WITH ADVERSE ACTION FOR INCOME HOUSEHOLDS | | | |
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| Child(ren)’s Name(s): | | | |
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| School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: | | | |
|  | | | |
| We have completed verification of your child(ren)’s eligibility. Starting (10 calendar days from the date sent) your child(ren)’s eligibility for meal benefits will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| \_\_\_\_\_\_\_ | | Changed from free to reduced price because your income is over the allowable amount. The reduced price charge is $\_\_\_\_\_ for lunch and $\_\_\_\_\_ for breakfast. | |
| \_\_\_\_\_\_\_ | | Stopped for the following reason(s): | |
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|  | | \_\_\_\_\_ | your income is over the allowable amount for free or reduced-price meals; |
|  |  |
| \_\_\_\_\_ | you did not provide proof of current eligibility. The following information is missing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
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| Starting immediately your child(ren)’s eligibility for meal benefits will be: | | | |
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| \_\_\_\_\_\_\_ | | Changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost. | |
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| If your benefits changed now but you later have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out an application at that time to reapply for benefits. If you start getting SNAP, TANF, or FDPIR, bring a copy of the notice of eligibility into the school. | | | |
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| If you do not agree with the decision, you may discuss it with (school verifying official). | | | |
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| You also have a right to a fair hearing. This can be done by calling or writing the following official: | | | |
|  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Local Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Toll-Free Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| If you request a hearing by (insert 10 calendar days from the date sent), your child will continue to receive free meals until the decision of the hearing official is made. | | | |
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| Sincerely, | | | |
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| Enclosures: Verification Information for Free and Reduced-Price Meals | | | |
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| **Non-Discrimination Statement** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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, etc.), 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:   (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; or   (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).   This institution is an equal opportunity provider. | | | |

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| VERIFICATION INFORMATION FOR FREE AND REDUCED PRICE MEALS | | | | | |
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| **SNAP/TANF/FDPIR HOUSEHOLDS:** If you were getting Supplemental Nutrition Assistance Program (SNAP, Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) for your child at the time you applied, you only have to send something that shows your household was getting the assistance. No other information is required. This can be: | | | | | |
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|  | -- | **SNAP, TANF, FDPIR certification notice** showing the beginning and ending dates of the certification period. | | | |
|  | -- | **Letter from the SNAP, TANF, FDPIR office** stating that you were eligible to get benefits. | | | |
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| **HOUSEHOLDS THAT APPLIED BASED ON INCOME:** If you do not get SNAP, TANF, FDPIR for your child, send copies of information or papers that show your household’s income for any point between the month prior to when you applied for meal benefits and now. Farmers or other self-employed people may need to use tax forms to show income. | | | | | |
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| The papers you send in must show: (1) the amount of income received, (2) the name of the person who received it, (3) the date the income was received, and (4) how often the income is received. | | | | | |
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| To show the amount of money your household received last month, send copies of the following: | | | | | |
|  | -- | | **Earnings/Wages/Salary for Each Job:** | | |
|  | | | | | Paycheck stub that shows how often it is received. |
|  | | | | | Pay envelope that shows how often it is received. |
|  | | | | | Letter form employer stating gross wages paid and how often they are paid. |
|  | | | | | Business or farming papers, such as ledger or tax books or tax forms. |
|  | | | | | Printout of electronic notification of deposit. |
|  | -- | | **Social Security/Pensions/Retirement:** | | |
|  | | | | Social Security retirement benefit letter. | |
|  | | | | Statement of benefits received. | |
|  | | | | Pension award notice. | |
|  | -- | | **Unemployment Compensation/Disability or Worker’s Compensation:** | | |
|  | | | | Notice of eligibility from State employment security office. | |
|  | | | | Check stub. | |
|  | | | | Letter from worker’s compensation. | |
|  | -- | | **Welfare Payments (TANF, General Assistance):** | | |
|  | | | | Benefit letter from welfare agency. | |
|  | -- | | **Child Support/Alimony:** | | |
|  | | | | Court decree, agreement, or copies of checks received. | |
|  | -- | | **All Other Income:** | | |
|  | | | | If you have other forms of income (such as rental income) send information or papers that show the amount of income received, how often it is received, and the date received. | |
|  | -- | | **No Income:** | | |
|  | | | | If you have no income, send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income. | |
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| If you have any questions, or need help to decide the information to send, please contact: | | | | | |
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| (School Official’s name, local phone number, toll-free phone number and email) | | | | | |