

NOTICE OF APPROVAL/DENIAL OF BENEFITS FOR FREE OR REDUCED-PRICE MEALS
(Pricing – Public)
National School Lunch Program/School Breakfast Program
School Year 2024-25

Dear Parent or Guardian:

Your Child Nutrition Eligibility & Education Benefit Application has been processed for the following children:

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If your child(ren) is approved for benefits, they are approved for the entire school year.

Your application was:

- ☐ Approved for free meals – Effective date: _____
- ☐ Approved for reduced-price meals – Effective date: _____
(No cost for public students K-12)

Your child(ren) qualify for Summer EBT (SUN Bucks), and you will not need to submit an additional Summer EBT application. Your child(ren) may also qualify for reduced fees, or other school benefits. Providing a copy of this "Notice of Eligibility" to the school office will verify eligibility for certain programs for your child(ren). Contact the school office for more information about individual programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs (including Summer EBT), auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

- ☐ Denied for the following reason(s):
- ☐ Income over the allowable amount.
- ☐ Incomplete application/missing information: _____

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

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Email: _____

You may reapply for benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, become unemployed, have an increase in household size, or are now receiving Basic Food, TANF, or FDPIR for your child(ren) you may fill out another application at that time.

Sincerely,

| | | |
|-------------|--------------|-------------|
| | | |
| Name | Title | Date |

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's

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TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

program.intake@usda.gov

This institution is an equal opportunity provider.