Prototype VI
05/12

WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

- ❑ Your child(ren)'s eligibility has not changed.
- ❑ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because

  ___your income is within the free meal eligibility limits. Your children will receive meals at no cost.
  ___one or more of your children are categorically eligible based on FIP or Food Assistance enrollment. Your children will receive meals at no cost.

- ❑ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[$]** for lunch and **[$]** for breakfast.
- ❑ Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals because:
  ___ records show that no one in your household received Food Assistance or FIP
  ___records show that the child(ren) is/are not homeless, runaway, or migrant
  ___ your income is over the limit for free or reduced price meals.
  ___ you did not provide: _____
  ___ you did not respond to our request.

  Meals cost **[$]** for lunch and **[$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received Food Assistance or FIP benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**, or **[e-mail].**

Sincerely,

[signature]

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Iowa Non-Discrimination Notice:"It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.7and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; web site: http://www.state.ia.us/government/crc/index.html."