Letter of Verification Results and Adverse Action

for Income Households

(Note: Make changes as applicable for the School Breakfast Program)

**[Date]**

**[student name], [school building name]**

Dear **[parent/guardian name]**:

We have completed verification of your child(ren)’s eligibility.

Starting on **[insert date 10 days from the date sent – date notice was sent counts as the first day]** your child(ren)’s eligibility for meals benefits will be:

|  |  |
| --- | --- |
|  | Changed from free to reduced price because your income is over the allowable amount. |

The reduced price charge is **[charge for lunch]** for lunch and **[charge for breakfast]** for breakfast.

|  |  |  |
| --- | --- | --- |
|  | Stopped for the following reason(s): | |
|  |  | |
|  |  | Your income is over the allowable amount for free or reduced price meals; |
|  |  |  |
|  |  | You did not provide proof of eligibility. The following information is missing: |
|  |  |  |

Starting immediately your child(ren)’s eligibility for meal benefits will be:

|  |  |
| --- | --- |
|  | Changed from reduced price to free because your income is within the free meal eligibility limits. |

Child(ren) will receive meals at no cost.

If you are not eligible for benefits now, but 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 do not agree with the decision, you may discuss it with **[school official].** You also have the right to a fair hearing. If you request a hearing by **[insert date 10 days from the date sent – date notice was sent counts as the first day]** 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 fair hearing by calling or writing **[school official]** at **[phone number]** or **[address]:**

(Information follows to the reverse side.)

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 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**](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:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   [**program.intake@usda.gov**](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.