Letter of Adverse Action for Food Stamp/Temporary Assistance Households

**[date]**

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

Available records show that your household is/was not receiving Food Stamps/Temporary Assistance the month prior to application and the date verification documentation is required.

To continue benefits for your child(ren):

1. complete a new application with income information;
2. send in papers that show your household’s income from any point in time between the month prior to application and the time income documentation is required.

Your child’s free school meal benefits will be stopped on **[insert date 10 days from the date sent – date notice was sent counts as the first day]** unless we receive this information.

If you do not agree with the decision, you may discuss it with **[school official]** by calling **[telephone number]**.

You also have a right to a fair hearing. This can be done by calling or writing **[school official]**at **[phone number]** or **[address]**.

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 meals until the decision of the hearing official is made.

If you are not eligible for benefits now, but your household circumstances change, you may fill out an application at that time and reapply for benefits.

Sincerely,

**[signature of school official]**

Enclosure: Verification Information for Free and Reduced Price Meals

(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**

This institution is an equal opportunity provider.