*Make changes as applicable for the School Breakfast Program. All siblings in the school system will also be impacted by this change.*

Date: **[insert date]**

Children’s names: **[insert names of children]**

Schools: **[insert names of schools]**

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

We have completed verification of your children’s eligibility. Starting on **[insert 10 calendar days from the date letter is sent]**,your children’s eligibility for meals will be:

🞎 Changed from free to reduced price because your income is over the allowable amount.   
**Note for school year 2023-24, one breakfast and one lunch meal per school day will be free of charge.**

🞎 Stopped for the following reasons:

🞎 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: **[insert missing information]**

Starting immediately, your children’s eligibility for meal benefits 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.

If you are not eligible for benefits now but you have a decrease in household income, become unemployed or have an increase in the size of your household, you may fill out an application to reapply for benefits.

If you do not agree with the decision, you may discuss it with **[insert name of verifying official]**.You also have the right to a fair hearing. If you request a hearing by **[insert date]**, your children will continue to receive **[insert either free or reduced-price]** meals, until the decision of the hearing official is made.

You may request a fair hearing by calling or writing the following official: **[insert name, title, city, street, zip, telephone number]**.

Sincerely,

**[insert name and title]**

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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/ad-3027.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.