

ATTACHMENT K
VERIFICATION RESULTS/ADVERSE ACTION
WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear: _____

We checked the information you sent us to prove that (*Name[s] of Child[ren]*) _____ is/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 child(ren) 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 for the following reason(s):
 - ___Records show that no one in your household received SNAP, TANF, or FDPIR benefits.
 - ___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 SNAP, TANF, or FDPIR 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)

(E-Mail)

Sincerely,

(Signature)

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Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

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