**[School District/LEA Name]** **[Date]**

Dear **[Name]**:

On **[Date First Notice Was Sent]**, you were sent a letter – ‘We Must Check Your Application’.

We requested that you respond to the letter by **[Date Response Was Requested]** to ensure that your child(ren) continues to receive free or reduced-price meal benefits.

You have not responded, nor provided information that proves your child(ren) is/are eligible to receive free or reduced-price meal benefits.

Therefore, consider this the final notice that, unless we hear from you by 10 days from the date on this letter, your child(ren)’s free or reduced-price meal benefits will be discontinued. Your child(ren) will then have to pay full price for his/her meals, effective **[Final Date To Receive Information]**. You may reapply for benefits at any time during the school year and will be asked to provide proof of eligibility at that time.

If you have any questions or if you need any help, please call **[Contact Person's Name]** at **[Phone Number]**. You also have the right to a fair hearing if you disagree with your eligibility determination or termination of benefits. 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,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[Name of Signee]**

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children’s eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals.

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>, 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](http://mailto:program.intake@usda.gov/)

 This institution is an equal opportunity provider.