

**NOTIFICATION OF ELIGIBILITY DETERMINATION  
(APPLICATIONS)**

Date: \_\_\_\_\_

Dear \_\_\_\_\_

Your application for free and reduced price meals for your child(ren) has been:

\_\_\_\_\_ Approved for free meals.

\_\_\_\_\_ Temporary Free approval. Expires: \_\_\_\_\_ (Date). Your free meal benefits are approved on a temporary basis. You are required to contact this office before the expiration date. If we do not hear from you, the free meal benefits will be discontinued the day following the expiration date.

\_\_\_\_\_ Approved for reduced price meals at \_\_\_\_\_ cents for lunch, \_\_\_\_\_ cents for breakfast, and \_\_\_\_\_ cents for Afterschool snacks.

\_\_\_\_\_ Denied for the following reason(s):

Income over the allowable amount.

Incomplete application. The following information is missing:

\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you do not agree with the decision, you may discuss it with the school official. You have the right to a fair hearing. This can be done by calling or writing the following official:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If your child is approved for meal benefits, you must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases.

You may reapply for benefits at anytime during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size, or get food stamps or Virginia Temporary Assistance for Needy Families (TANF) for your child, then fill out an application.

<b>OPTIONAL PARAGRAPH (For School Division)</b> <b>(SCHOOL DIVISION MUST INCLUDE IN THE REQUEST FOR RELEASE OF INFORMATION, THE PURPOSE OF REQUEST, BENEFIT TO THE CHILD, AND SCHOOL OFFICIAL'S NAME)</b>
Your child may be eligible for additional benefits or services. If you would like your child to be considered for Dental Care and Medicaid.
<b>(Include explanation of any other benefit)</b>
_____
_____
_____
_____
Please sign here _____
Parent's Signature
Take or mail this letter to _____

Sincerely,

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Title

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.