

Parent(s)/Guardian(s) NOTIFICATION OF ELIGIBILITY DETERMINATION for Meal Benefits

TO: Parent(s)/Guardian(s) _____

FROM: School _____

RE: Parent Income Application for Free and Reduced Price Meals, After School Snacks, and Special Milk Program

The parent income application submitted has been:

 Approved and determined eligible for the following meal benefit:

- Free meals**, effective immediately.
- Reduced Price meals**. The reduced price charge is not more than \$.40 cents daily for lunch, \$.30 cents daily for breakfast, if a breakfast program is in operation, and \$.15 cents for snack, if an afternoon snack program is in operation.
- Free milk**, effective immediately.

 Changed and determined eligible for the following meal benefit:

- Reduced Price to Free**, due to your income being within the free meal eligibility income guidelines. Reduced price meals cost **\$.40** for lunch and **\$.30** for breakfast.
- Free to Reduced Price**, due to your income being above the free meal eligibility income guidelines.
- Denied to Free:** _____
- Denied to Reduced Price:** _____

Beginning on _____, your child(ren)'s eligibility for Free or Reduced Price meal benefits have been changed.

 Denied for meal benefits:

- The parent income application was incomplete. The following information was missing: _____
- The household income for the family size did not meet the income guidelines for either Free or Reduced-Price meal benefits.
- Other: _____

Beginning on _____, your child(ren) are no longer eligible for Free or Reduced Price meals for the following reason(s): _____

You have the right to appeal any of these decisions. If you wish to review the decision further, you have a right to a fair hearing. Please refer to the attached form, "Parent Appeal Rights and Procedures."

The meal benefit eligibility determined by the parent income application is for the school year 2016-2017. You may reapply for meal benefits at any time during the school year by completing a parent income application. If you are not eligible now for meal benefits, but have a change in household income and/or family size, your child(ren) may be eligible for meal benefits by completing another parent income application.

Signature of School Food Authority Representative _____

Title _____

Date _____

Non-discrimination Statement

"This institution is an equal opportunity provider." For the complete non-discrimination statement, please contact your school representative.

(To be included with denial of either free or reduced price meals, snacks or milk approval.)

PARENT APPEAL RIGHTS AND PROCEDURES

Right to Appeal

Any person who is not satisfied with the decision of the Approving Official regarding eligibility for Free or Reduced Price Meals or Free Milk may appeal and receive a hearing. A Hearing Officer will hear your appeal and make a decision.

Hearing Procedures

1. If you want to appeal the decision of the approving official regarding meal/milk benefits, you should request a hearing with _____
(Name of Hearing Official)
at _____.
(Phone number)
2. You have the right to examine, before the hearing, any records concerning your child's eligibility. This includes any documents and records presented to support the decision under appeal.
3. You may request an informal meeting with a representative of the School Department prior to the hearing.
4. The hearing will be scheduled with reasonable promptness. If possible, it will be held at a time, place and date convenient for you. You will receive written notice of the hearing schedule.
5. You may choose to be represented at the hearing by an attorney or a friend. You may represent yourself.
6. At the hearing, you have the right to present oral and written evidence to support your appeal and to present witnesses to testify for you.
7. You have the right to question any witnesses presented by the School Department and refute any testimony or evidence presented by the School Department.
8. The hearing will be conducted by the Hearing Official who did not participate in making the School Department's decision to deny your child's application.
9. The decision of the Hearing Official will be based only on the evidence presented at the hearing.
10. You will be notified in writing by the Hearing Official of the decision concerning your appeal.
11. The decision of the Hearing Officer will be the final administrative decision. You have the right to appeal any adverse decision to the Superior Court within thirty (30) days of the decision.
12. A written record of the hearing and the decision will be maintained and will be available for examination for a period of three (3) years plus the current year.