

NOTICE OF APPROVAL/DENIAL OF FREE AND REDUCED ELIGIBILITY

To be used in conjunction with the Alternate Application for Free and Reduced Eligibility.

Dear Parent/Guardian:

Date: [insert date]

You applied for free or reduced-benefits for the following child(ren);

1. [insert child's name]
2. [insert child's name]
3. [insert child's name]

Your students were determined to be:

- ☐ Approved for free eligibility
- ☐ Approved for reduced eligibility
- ☐ Denied for the following reason(s):
 - ☐ Income over the allowable amount
 - ☐ Incomplete application because [insert reason]
 - ☐ Other: [insert other reason]

If you do not agree with the decision, you may discuss it with [school official's name] at [phone number] or at [e-mail address]. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Name: [insert school official's name]

Address: [insert school official's address]

Telephone: [insert school official's phone number]

E-mail: [insert school official's e-mail address]

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 (Food Stamp) or TANF benefits, you may reapply based on income eligibility.

Sincerely,

[school contact signature]