{insert School Food Authority Name}

*{insert date}*

Dear *{insert parent or guardian name}*:

We have reviewed your application for free and reduced-price school meals for the following student(s):

*{insert student’s name}, {insert name of school}*

Your application has been

* Approved for free meals.

🞏 Approved for reduced-price meals for breakfast at a cost of *{insert the cost of breakfast];* for lunch at a cost of *{insert the cost of lunch];* andafterschool snack at a cost of *{insert the cost of snack]*.

* Denied for the following reason(s):

⭘ Income over the allowable amount.

⭘ Incomplete application, please complete the forms attached to provide the needed information.

If you do not agree with the decision, you may discuss it with *{insert name and phone number of the reviewing official and email address if appropriate}*. You also have a right to a fair hearing. To request a fair hearing, call or write the following official within 10 calendar days:

*{insert name and title of hearing official}*

*{insert address}*

*{insert telephone number}*

You may reapply for meal benefits at any time 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 qualify for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Federal Distribution Program on Indian Reservations (FDPIR), you may fill out another application at that time.

Sincerely,

*{insert signature of reviewing official}*

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