**REMINDER LETTER REGARDING EXPIRATION OF PREVIOUS**

**YEAR ELIGIBILITY BENEFITS**

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DATE:

TO:

FROM: **[Name/School Approval Officer]**

RE: **School Meals and Eligibility Benefits**

Last year your family was eligible for Free/Reduced Price school meals. As of today, we have not received an application for the current school year. Unless you submit an application by **[insert date]**, your child(ren) will have to pay the full price.

As of **[insert date]** your child(ren) will have to the pay the following prices for school meals:

Breakfast $\_\_\_\_\_\_\_\_\_\_\_\_\_

Lunch $\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosed is information about the meals program. Also enclosed is another copy of the application form if you wish to apply.

You may call **[name]** at **[phone number]** if you want to discuss this matter.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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