

NOTICE OF APPROVAL/DENIAL

Child(ren)'s Name (s): _____

School _____ Grade _____ Date _____

Dear _____:

Your application for free milk for your child(ren) has been:

_____ Approved for free milk.

_____ Temporarily approved for free milk until _____.

_____ Denied for the following reasons:

_____ Income over the allowable amount.

_____ Incomplete application. Complete the following information:

If you do not agree with this decision, you may discuss it with me. You also have a right to a fair hearing. To request a fair hearing, call or write the following fair hearing official:

Name and Title _____

Address: _____

Telephone _____

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child should receive free milk.

Confidentiality: School officials use the information on the application only to decide if your child should receive free milk, or benefits under other federal and state education programs.

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps, TAFI, or FDPIR for your child, complete an application then.

To find out more about other programs in your community, contact the 2-1-1 Idaho Careline by dialing 211 or 1-800-926-2588. Se habla español.

Sincerely,

Name and Title _____

Address: _____

Telephone _____

"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, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."