# NOTIFICATION LETTER REGARDING MEALS – SNP/CHARGE

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS

(Rev. 05/25) G/Tools/SNP/Notification Letter Regarding Meals-SNP-Charge

|  |
| --- |
| Date      |

Dear

Your application for free or reduced price meals for your child(ren) has been:

|  |  |
| --- | --- |
| [ ]  Approved for **Free Meals** based on Federal Free or Reduced Qualifying Guidelines | [ ]  Approved for **Meals at No Cost** Based on State Qualifying Guidelines.  |
| [ ]  Denied for the following reason(s): [ ]  Income is over the allowable amount[ ]  Incomplete application: Missing information      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If you do not agree with the decision, you may discuss it with the school. 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      |
| Address      |
| City      | State      | Zip      | Telephone      |

You may apply for benefits at any time during the year. If you are not eligible now but have a decrease in household income, become unemployed, an increase in family size, or begin to receive SNAP benefits, TANF, or FDPIR benefits, fill out an application at that time.

**Does your child have health insurance**? **Many children who qualify for free and reduced-priced meals may also qualify for low-cost or free health coverage. For information or to see if your child may qualify, visit** <https://www.applyforhelp.nd.gov/> or call 1-844-854-4825.

**For more information, you may call:**

|  |  |
| --- | --- |
| Name:      | Phone Number:      |

Sincerely,

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](https://www.usda.gov/sites/default/files/documents/ad-3027.pdf), found online at How to File a Program Discrimination Complaint 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: 2. Fax 3. Email:
U.S. Department of Agriculture (202) 690-7442; or [program.intake@usda.gov](http://mailto:program.intake@usda.gov/)
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or *This institution is an equal opportunity provider.*