# NOTIFICATION LETTER REGARDING MEALS – SNP/CHARGE

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS

(Rev. 05/23) 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 Free Meals 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, have 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 U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: 2. Fax 3. Email:
U.S. Department of Agriculture (833) 256-1665 or (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.*