



Sample Letter

John Doe
Address 1 5th St, Address 2
Some city, CO 55555

Thank you for applying for Free and Reduced Meals. Your application determination is below:

Each student with "Free" as a benefit level is approved for free meals.

Each student with "Reduced" as a benefit level is approved for free meals, as the State of Ohio reimburses schools the former household financial obligation of a reduced-price meal (\$0.30 breakfast and \$0.40 lunch) as of SY 2023-24.

Name	Effective Date	Benefit Level	Reason
Johnny Doe (456456) - High School		Free	*Categorical

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 of official
Address & Phone Number

Households may apply for benefits 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 become eligible to receive Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) funds, or Medicaid, fill out an application at that time.

Sincerely,

Name and Title
Address
Phone & Email

The contact information below is solely to file a complaint of discrimination 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/ad-3027.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:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

*Do not mail applications to this address, only complaints of discrimination.