REMINDER OF PREVIOUS YEAR’S ELIGIBILITY BENEFITS EXPIRATION

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

If we do not receive your new application by **[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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(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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