

**Ohio Department of Education and Workforce
Office of Nutrition
National School Lunch Program**

**PROTOTYPE NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS
For the 2026-2027 Program Year**

Please place the following information on the school letterhead.

Dear Parent/Guardian:

You applied for free or reduced- price meals for the following child(ren):

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

- ☐ Approved for free meals.
- ☐ Approved for reduced-price meals at \$[] for lunch] for breakfast, and \$[AMOUNT] for snacks.
- ☐ Denied for the following reason(s):
- () Income over the allowable amount.
 - () Incomplete application for _____
 - () 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 Andrew Butler

Address _____

Phone _____

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) or Ohio Works First (OWF) funds, fill out an application at that time.

Sincerely,

		Name
Title	Date	