

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

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

_____	_____
_____	_____
_____	_____

Your application was:

- Approved for free meals
- Approved for reduced price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks
- Denied for the following reason(s):
- Income over the allowable amount
 - Incomplete application because _____
 - Other _____

If you do not agree with the decision, you may discuss it with **Suzanne Sherrin, Assistant to the Food Service Director** at **508-613-1475** or at **sherrins@franklin.k12.ma.us**. 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: MIRIAM GOODMAN, FINANCE DIRECTOR

ADDRESS: 355 EAST CENTRAL STREET, FRANKLIN, MA 02038

PHONE NUMBER: 508-553-4825

E-MAIL: GOODMANM@FRANKLIN.K12.MA.US

Sincerely,

Name	Title	Date
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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity employer.