

Household Free and Reduced-price Meals Appeal Request

Use this form to appeal a meal benefit determination for children in your household and to request an Appeals Conference or Fair Hearing.

When the school makes an initial meal benefit determination or change to a determination households receive notification of the meal benefit determination via a [Notice of Approval/Denial Letter for School Meal Benefits](#) or [Verification Notification Letter – “We have checked your application.”](#) The notification informs the household of the meal benefit determined for your student(s) and the effective date of the meal benefit. If you disagree with the meal benefit determination, you have the right to appeal the decision. During the appeal and/or hearing process, meal benefits, which were determined on the face value of the application submitted, will continue to be received.

I am appealing the meal benefit determination made for the following children in my household:

Student Last Name	Student First Name	Middle Initial	Student ID If known	Current Benefit

I request an:

- Appeals Conference
- Fair Hearing

Parent/Guardian: _____

Signature of Parent/Guardian: _____

Contact Phone: _____

Email Address: _____