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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 written notification. The notification informs the household of the benefit determined for your student(s) and the effective date of the meal benefit. If you disagree with the benefit determination, you have the right to appeal the decision. During the appeal and/or hearing process, 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 Identification (ID) (If known)	Current Benefit

I request an:

____ Appeals Conference

____ Fair Hearing

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Phone: _____

Email Address: _____

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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 teletypewriter [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:

- (1) **mail:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) **fax:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** program.intake@usda.gov

This institution is an equal opportunity provider.