California Department of Education Child Nutrition Programs

Nutrition Services Division Notification Letter for SUN Bucks (REV. 06/2025)

**LEAs May Modify This Template Letter as Necessary**

# Notification Letter for SUN Bucks Eligibility

 [Enter School/District Name]

School Year [Enter School Year]

[Enter Date]

Dear Parent or Guardian:

We reviewed your application for SUN Bucks for [Enter Year].

Each child identified below is:

|  |  |
| --- | --- |
| **Name of Child** | **Name of School** |
| [Enter Child's Name] | [Enter Name of School] |
| [Enter Child's Name] | [Enter Name of School] |
| [Enter Child's Name] | [Enter Name of School] |
| [Enter Child's Name] | [Enter Name of School] |





[ ]  Total household income is greater than the allowable amount for SUN Bucks.

 [ ]  Your application is incomplete. The following information must be provided:

 [Enter Reason for Denial]

[ ]  Other: [Enter Reason for Denial]

If you do not agree with this decision, or to request a fair hearing to appeal this decision, please contact:

[Enter Hearing Official Name]

[Enter Phone Number]

[Enter Street Address of School]

[Enter City, State, Zip Code]

You may reapply for SUN Bucks benefits at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, someone in your household becomes unemployed, or your household qualifies for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or the Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit a new application at that time.

PLEASE NOTE: The child/children listed above may also be eligible to receive assistance for other programs, such as [Enter Programs].

To protect the confidentiality of your child, we cannot share the eligibility status with other programs. However, YOU may share this notification letter by providing a copy to other programs at the school or within your community. Please keep this letter.

Sincerely,

[Enter Official Name]

[Enter Official Title]

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY).

Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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