Attachment D

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure your children attend more than one school in Hallsville R-IV School District. The application must be filled out completely to certify your children for free or reduced what to do next, please contact Hallsville R-IV School, April Flach, aflach @hallsville.org.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

- Who should I list here? When filling out this section, please include ALL members in your household who are:
 - Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;

 Students attending Hallsville School District, regardless of age. 	strict, regardless of age.		
List each child's name. Print each child's	Building name/Grade. If child is	If child is Do you have any foster children? If any children	Are any children homeless, migrant,
name. Use one line of the application for	a student, list building name	listed are foster children, mark the "Foster Child" box	or runaway? If you believe any child
each child. When printing names, write one	and grade.	next to the child's name. If you are ONLY applying for	listed in this section meets this
letter in each box. Stop if you run out of		foster children, after finishing STEP 1, go to STEP 4.	description, mark the "Homeless,
space. If there are more children present		Foster children who live with you may count as	Migrant, Runaway" box next to the
than lines on the application, attach a second		members of your household and should be listed on	child's name and complete all steps
piece of paper with all required information		your application. If you are applying for both foster	of the application.
for the additional children.		and non-foster children, go to step 3.	
CTED 2: DO ANV HOUSEHOUD MEI	VIRERS CLIRRENTLY DART	CTED 2: DO ANY HOUSEHOUD MEMBERS CURRENTLY PARTICIDATE IN SNAP TANE OR EDPIR?	
If anyone in your household (including you) cui	rrently participates in one or more	If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:	are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) •
- Temporary Assistance for Needy Families (TANF)
- 10001

(K).	If anyone in your household participates in any of the above listed programs:	Write a case number for SNAP, TANE, or EDPIR. You only need to provide one case number. If you	participate in one of these programs and do not know your case number, contact: State number 1-855-	373-4636 - Division of Social Services email: mydssupload.gov.	Go to STEP 4.	
 The Food Distribution Program on Indian Reservations (FUPIK). 	If no one in your household participates in any of the above	listed programs:	 Leave STEP 2 blank and go to STEP 3. 			

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
 - Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. •
 - Gross income is the total income received before taxes 0 0
- (Information follows on the reverse side.) Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.	Print and sign your nameMail CompletedShare children's racial and ethnic identities (optionProvide your contact information. Write your currentPrint and sign your nameMail CompletedShare children's racial and ethnic identities (optionaddress in the fields provided if this information isand write today's date.Mail CompletedShare children's racial and ethnic identities (optionaddress in the fields provided if this information isand write today's date.Nail CompletedShare children's racial and ethnic identities (optionavailable. If you have no permanent address, this does notPrint the name of the adultIV School District,pour children's race and ethnicity. This field is optionmake your children ineligible for free or reduced pricesigning the application and421 E Hwy 124,pour children's race and ethnicity for free orboth is optional, but helps us reach you quickly if we need"Signature of adult."65255.price school meals.to contact you.Doth is optionDoth is optionprice school meals.	Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully	ND ADULT SIGNATURE ber of the household. By signing the application, that househol	STEP 4: CONTACT INFORMATION AND ADULT SIGN All applications must be signed by an adult member of the household. E
Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."	Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3 . If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.	Report income from Rei pensions/retirement/all other income. me Report all income that applies in the Ad "Pensions/Retirement/ All Other Income" me field on the application. ba field on the application. free
report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.	income. What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	not list any household members you listed inc in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, whe part A.
Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the</u> <u>cash value of any public assistance benefits NOT listed on the</u>	keport earnings from work. Report all total gross incuries from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self- employed business or farm owner, you will report your net	List adult household members' names. Re Print the name of each household member wo in the boxes marked "Names of Adult us Household Members (First and Last)." <u>Do</u> em
ie to your household.	> NOT include: People who live with you but are not supported by your household's income AND do not contribute income to your household. Infants, Children and students already listed in STEP 1.	 Do NOT include: People who live with you but are not supported by you Infants, Children and students already listed in STEP 1.
d share income and expenses, <u>even if they are not related and</u>	> should I list here? When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.	 Who should I list here? When filling out this section, please include ALL even if they do not receive income of their own.
r children. Many households do not have any child income.	What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income. 3.B. REPORT INCOME EARNED BY ADULTS	What is Child Income? Child income is money re- 3.B. REPORT INCOME EARNED BY ADULTS
ר STEP 1 in your household in the box marked "Child Income."	A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child income." Only count foster children's income if you are applying for them together with the rest of your household.	A) Report all income earned or received by chil Only count foster children's income if you are ap
fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are uspect that your household income was reported incorrectly, your application will be investigated. es to the right of each field.	to report. Any income eport. If local officials si red using the check box	 Write a "0" in any fields where there is no income to report. Any income certifying (promising) that there is no income to report. If local officials si Mark how often each type of income is received using the check box

ZUZ3-ZUZ4 Appli Complete one applicativ	2023-2024 Application for Free and reduced Frice 3ci Complete one application per household. Please use a pen (not a pencil).	eu Frice Scrioor mears (not a pencil).	Date	Date Received by LEA (LEA use only)	
STEP 1 UIST AUL	i tist ALL Household Members Who are infants, children, and s	s, children, and students up to and lindluding grade 1	2.010.000055950655	rate requires to carolitional names, attach another sheet of paper	other sheet of papers
Datation of University	Child's First Name	MI Child's Last Name	ne	Building Name	Foster Migran, Child Runaway
Member: "Anyone who is Member: "Anyone who is living with you and shares income and expenses, even if not related."					
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to ApobY for Free and					
Reduced Price School Meals for more information.					
SIEF 2 Reportant I	Processity, accessity of the antipage statement of Xery Pour and Warden And A O > Complete STEP 3. If you answered YES > Write a case number here	e then g	o to STEP 4 (Do not complete STEP 3) Case Number:		number in
STEP 3 Report I	Report Income for ALL Household Members (Skip this step	it you answered Ares to	SHEP 2)	HAVGOOD	
Are you unsure what Income to include here?	A. Child Income Sometimes children in the household earn income. Please include STEP 1 here.	ncome. Please include the TOTAL gross income earned by all children listed in	\$	Child income Weekly Bi-Weekly 2x Month Manthy	
Flip the page and review the charts titled "Sources of Income" for more information.	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) each source in whole dollars (no cents) only. If they do not receive in	- C >	ncome. For each Household Member 3. If you enter '0' or leave any fields t	f) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) for income from any source, write '0' if you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. How often?	ome (before taxes) for o income to report. Howoten?
The "Sources of Income for Children" chart will help you with the Child Income section.	Name of Adult Household Members (First and Last)	B Earnings from Work Weekly B: Weekly 2x Month Monthly C <t< td=""><td>Child SupportAlimony (Weekly B)</td><td>Bi-Weekly 2x Month/Monthly All Other Income Week</td><td></td></t<>	Child SupportAlimony (Weekly B)	Bi-Weekly 2x Month/Monthly All Other Income Week	
The "Sources of Income for Adults" chart will help you with the All Adult Household Members					0000000
section.	Total Household Members (Children and Adults)	Last four digits of Social Securi primary wage earner or other ad	igits of Social Security Number (SSN) of ge earner or other adult household member.	x x x x	Check if no SSN
STEP 4 Contact	Contact information and adult signature	 Mail Completed Form Tor Hallsville R-IV School Districts. 	N. Sfahrool #Districts 424.4.1.3.4.0.0.42	edel foram i torn Harlisville: RAM SelvoolaDistriker, 424 a.E. HWW 4224, Helicville, M.O.G3255. Germanica is shown is concerned with the reserved of External function of the school officials may verify (check) the information. Fam avaite that if i purposely over false	t that if I purcosely give false
centry (promise) mar all morman. formation, my children may lose n	centry (promise) that all information on the suppleation is true and all infoomers reported. I under solated and Federal laws " formation, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws "	ee			
Street Address (if available)	Apt #	City State	e Zip	Daytime Phone and Email (optional)	
Printed name of adult completing the form		Signature of adult completing the form		Today's date	
DO NOL FILL OUL FIS SECTION. ANNUAL INCOME CONVERSION: WI DFood Stamps/Temporary Assistance Existentitive: DEcon Deduced (District	ERLY X 52, EVERY 2 WE Household size:	E A MONTH X 24, come:	MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY) Per. DWeek DEvery 2 V Date withdrav	LE FREQUENCY) Veek UEvery 2 Weeks UTwice a Month Date withdrawn:	⊡Month ⊡Year
Error Prone Application: (Confirming Official's Sign	(Optional – See FAQs)	Determining Official's Signature:		Date Approved/Denied:	
	HILF TO VEIRCAROF OULDOAD OILY .				

NSTRUCTIONS Sources of Income

Sources of Inc	Sources of Income for Children		Sources of Income for Adults	ults
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	 Unemployment benefits Worker's compensation 	 Social Security (including raitroad retirement and black tung benefits)
 Social Security Disability Payments Survivor's Benefits 	 A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	 retrictions from sense employment (farm or business) If you are in the U.S. Military: 	Supplemental Security Income (SSI) Cash assistance from State or locat government	 Private pensions or disability benefits Regular income from trusts or estates Antuities Investment income
 A friend or extended family member Income from person outside the household regularly gives a child spending mone 	- A friend or extended family member regularly gives a child spending money	 Basicpay and cash bonuses (do NOT include combatpay, FSSA or privatized housing allowances) 	 Animony payments Child support payments Veteran's benefits 	- Earned interest - Rental (norme - Rental roome
- Income from any other source	 A child receives regular income from a private pension fund, annuity, or trust 	 Allowances for off-base housing, food and clothing 	Strike benefits	household

OPTIONAL Childenes: Reideling and Educity Identifies

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. determined.

Ethnicity (check one): D Hispanic or Latino D Not Hispanic or Latino

Race (check one or more): 🗆 American Indian or Alaskan Native 🖂 Asian 🛄 Black or African American 🛄 Native Hawaiian or Other Pacific Islander 🛄 White

Use of Information Statement

number of the adult household member who signs the application. If the number. Applications for children in households receiving Supplemental contact your school to get free meals for a foster child, and children who Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy The Richard B. Russell National School Lunch Act requires that we Families (TANF) or Food Distribution Program on Indian Reservations Please be sure to provide the last four numbers of the Social Security Some children qualify for free meals without an application. Please also use your information to make sure that program rules are met. benefits to your household. Inspectors and law enforcement may use information from this application to see who qualifies for Applications for a foster child do not need to list a Social Security forms. We may share your eligibility information with education, free or reduced price meals. We can only approve complete health, and nutrition programs to help them deliver program adult does not have one, 'Check if no Social Security Number'. (FDPIR) do not need to list a Social Security number. are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information-below is-solely to file a complaint of discrimination The contact with faderal rivitivity law and U.S. Department of Agriculture (USDA) civil right

information may be made available in languages other than English. Persons with disabilities who require alternativ gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including Language), should contact the responsible state or local agency that administers the program or USDA's TARGET In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign

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:

erforce , from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. 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 The letter must contain the complainant's name, address, telephone number, and a written description of the and the second second second USDA by:

 MAIL: U.S. Department of Agriculture FAX: (833) 256-1665 or (202) Office of the Assistant Secretary for 690-7442; or Civil Rights EMAIL: <u>Program.Intake@usda.gov</u> 1400 Independence Avenue, SW Washington, D.C. 20250-9410

* Do not mail applications to this address, only complaints of discrimination.

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

YES
NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian:		
Mailing Address:		
City:	State:	Zip Code:

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title V//Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilights@dese.mo.gov.

LETTER TO PARENTS FREOUENTLY ASKED OUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Hallsville School R-IV School District offers healthy meals every school day. Breakfast costs **\$1.55**; lunch costs **\$2.60**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance/Temporary Assistance for Needy Families (TANF), are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	<u>Annually</u>	<u>Monthly</u>	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each add'l person add	+9,509	+793	+183

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Julie Esquivel**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **April Flach, 421 E Hwy 124, Hallsville, MO 65255, 573-696-5512 ext. 2100**.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **April Flach**, **421 E Hwy 124**, **Hallsville**, **MO 65255**, **573-696-5512 ext. 2100**, **aflach@hallsville.org** immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: John Downs, 421 E Hwy 124, Hallsville, MO 65202, 573-696-5548 ext 1370, jdowns@hallsville.org.

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.

13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **April Flach**, **421 E Hwy 124**, **Hallsville**, **MO 65255**, **573-696-5512 ext. 2100**, **aflach@hallsville.org** to receive a second application.

15. My FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call **573-696-5512 ext 2104**.. Sincerely,

USDA Non-discrimination Statement:

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 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

- fax: (833) 256-1665 or (202) 690-7442; or
 email:
- Program.Intake@usda.gov

This institution is an equal opportunity provider.