

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **City Of Hialeah Educational Academy** offers healthy meals every school day. Breakfast costs **free** for all lunch costs **\$4.00**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **Free** for breakfast and **\$.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 **FL SNAP, the Food Distribution Program on Indian Reservations (FDPIR) or FL 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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2025-2026			
Household size	Yearly	Monthly	Weekly
1	28,953	2413	557
2	39,128	3261	753
3	49,303	4109	949
4	59,478	4957	1144
5	69,653	5805	1340
6	79,828	6653	1536
7	90,003	7501	1731
8	100,17	8349	1927
Each additional person:	+10,175	+848	+196

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 **Eraisya Abreu** at eabreu@coheaedu.com or call at **305-362-4006 Ext 22 or 14**.
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: **Eraisya Abreu 2590 W 76 Street Hialeah, Florida 33016 305-362-4006 Ext 22 or 14** at the main office.
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, please contact

Eraisya Abreu at 305-362-4006 Ext 22 Or eabreu@coheaedu.com 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, through **September 27, 2024**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may 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 become 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: , **Graciela Carbajosa 2590 W 76 Street Hialeah, Florida 33016 305-362-4006 EXT 13 gcarbajosa@cohesedu.com**
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 normally 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 also be counted as zeroes. Please be careful when leaving the income fields blank, as we will assume you meant 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, 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 **Eraisya Abreu 2590 W 76 street Hialeah, Florida 33016 305-362-4006 Ext 22 eabreu@coheaedu.com** 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 **FL SNAP** or other assistance benefits, contact your local assistance office or call **(850) 300-4323 or 1-800-955-8771**.

If you have other questions or need help, call **305-362-4006 Ext 22 or 14**

Sincerely,

Graciela Carbajosa
Principal



Multilingual Tagline Notice

Language	Translation
English	If you have difficulty understanding English or have a disability, free language assistance or other aids and services are available upon request. Please call: (insert contact info)
Spanish Español	Si tiene dificultades para entender la lengua inglesa o presenta una discapacidad, puede solicitar asistencia lingüística y otros tipos de ayuda y servicios sin coste alguno. Llame al siguiente número de teléfono: (insert contact info)
Haitian- Creole Kreyòl	Si ou gen difikilte pou konprann anglè oswa ou gen yon andikap, asistans lengwistik gratis oswa lòt èd ak sèvis disponib sou (insert contact info)
Hebrew עברית	אם יש לך קושי בהבנת עברית או אם אתה בן אדם עם מוגבלות; סיוע בשפה או עזרים ושירותים אחרים יהיו זמינים ללא עלות על פי בקשה. נא להתקשר: (insert contact info)
Chinese S 简体中文	如果您理解英语有困难或有残疾，可应要求提供免费语言援助或其他帮助和服务。请致电： (insert contact info)

All Academica-Supported NSLP Sponsors

Meal Charge Policy

The goal of our food service program is to provide students with healthy meals each day. However, unpaid charges place a large financial burden on our Food Service Department. The intent of this policy is to establish uniform meal account procedures because we understand that students may periodically forget or lose lunch money. We encourage parent/guardian responsibility of meal payments and promote self-responsibility of the student while treating all students with dignity. Eligibility for students will be classified by using codes to prevent overt identification of meal benefits.

The Principal may allow the students to pay at a later date. In these cases, the Principal assumes responsibility for the following:

- Authorizing the family or student to make a deferred payment
- Collecting monies due

Payment for a reimbursable meal is due as the student is served. If payment is not received once a reimbursable meal is served, then payment issues will be resolved through the school directly with the student and their parent/guardian(s).

Full Pay Students will pay for meals at the published standard rate each day. Students may accrue a negative balance of up to three meals on their food service account. Once a student has charged those three meals, no a la carte item will be sold to the student, and the student may be offered an alternate reimbursable meal which will be charged to the student's meal account at the standard rate.

Reduced Meal Benefit Reduced status students will be allowed to receive breakfast for \$.30 and lunch for \$.40 each day. A student will be allowed to charge a maximum of six (6) meals to their account after the balance reaches zero. Once a student has charged those six meals, no a la carte item will be sold to the student, and the student may be offered an alternate reimbursable meal which will be charged to the student's meal account at the standard rate.

Free Meal Benefit - Free status students will be allowed to receive one free breakfast and one free lunch each day. A la carte purchases must be prepaid. Students approved for free meals will not be denied a meal, even if they have a negative balance on other cafeteria purchases.

Parents/Guardians are responsible for meal payment to the food service program. Notices of low or deficit balances will be sent to parents/guardians at regular intervals during the school year. Payment for meals can be made in advance; further details are available on the school's website. Funds should be maintained in accounts to minimize the possibility that a student may be without meal money on any given day. Any remaining funds for a particular student will be carried over to the next school year.

All school cafeterias have computerized point of sale/cash register systems that maintain records of all monies deposited and spent for each student.

Refunds for withdrawn and graduating students; a written request for a refund of any money remaining in their account must be submitted. An e-mail request is also acceptable. Students who are graduating at the end of the year will be given the option to transfer to a sibling's account with a written request.

Unclaimed Funds must be requested within one school year. Unclaimed funds will then become the property of the School's Food Service Program.

Balances Owed will be pursued privately with families. Home contact will be made to households of students with negative balances to address the unpaid meal charges. A variety of strategies for collecting debts will be used, including sending requests to parents for repayment via phone, email, and letters. The food service department will work with school officials to enforce repayment.

If a student is without meal money on a consistent basis, the administration will investigate the situation more closely and take further action as needed. If financial hardship is suspected, parents and families will be highly encouraged & assisted to apply for free or reduced priced meals for their child.

Families may apply (or reapply) for free or reduced-price meals at any time during the school year.

This Meal Charge Policy will be made available to all Households, including Transfer Households and Free & Reduced Priced Meal Applicants.

If you have difficulty understanding English or have a disability, free language assistance or other aids and services are available upon request. Please call the school's main office.

Si tiene dificultades para entender la lengua inglesa o presenta una discapacidad, puede solicitar asistencia lingüística y otros tipos de ayuda y servicios sin ningún costo. Llame a la oficina principal de la escuela.

Si ou gen difikilte pou konprann anglè oswa ou gen yon andikap, asistans lengwistik gratis oswa lòt èd ak sèvis disponib sou demann. Tanpri rele biwo prensipal lekòl la.

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household.

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced 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 what to do next, please contact Eraisya Abreu 305-362-4006 EXT 22 eabreu@coheaedu.com

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 formal foster arrangement through a court or state/local agency; or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) any Public or Charter school in the same county.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.	B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing Step 1, go to Step 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.	D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application</u>. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. <u>You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</u>
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Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

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:

- The Supplemental Nutrition Assistance Program (SNAP) or FL SNAP with FL Department of Children and Families.
- Temporary Assistance for Needy Families (TANF) or FL TANF with FL Department of Children and Families.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Check "No" in **Step 2** and go to **Step 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Florida Department of Children and Families at (850) 300-4323 or 1-800-955-8771.
- Go to **Step 4**.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled **"Sources of Income"** & **"Examples of Income for Children,"** 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 and deductions.
 - 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.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who 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.
- **Do 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**.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income 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 income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List 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.

6) 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 Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List 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.

- **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.

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 and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."	C) Mail completed application to: Eraisy Abreu City Of Hialeah Educational Academy 2590 W 76 Street Hialeah, Florida 33016
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Optional

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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

Household Application for Free and Reduced-Price School Meals

Return completed form to your child's school.

Complete one application per household. Please use a pen (not a pencil).

2025-2026

School Name:

City of Hialeah Educational Academy

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Student ID #	Foster/Child	Migrant	Runaway	Homeless

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

☐ NO → Go to STEP 3. ☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive 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.

Name of Adult Household Members (First and Last)	How often is pay received?			Self-employment earnings only	Public Assistance, Child Support, Alimony	How often received?			Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?					
	Weekly	2x/Month	Monthly			Annual	Weekly	2x/Month		Monthly	Weekly	2x/Month	Monthly		

*Total Household Members (Children & Adults)

*Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

OR

Check if no Social Security Number

Please see the back of the application for a list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	Weekly	2x/Month	Monthly	Annual

STEP 4 Contact information and adult signature.

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL

"I certify (promise) that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

*Print Name of Adult Signing the Form

*Signature of Adult

Today's Date

Mailing Address (if available)

City

State

Zip

Phone

Email (optional)

Return completed form to your child's school. *Required-Must be filled out.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income	
• Salary, wages, cash bonuses, tips, commissions (select how often you receive a paycheck) • Net income from self-employment (farm or business) (select annual frequency) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• A child has a regular full or part-time job where they earn a salary or wages • 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 • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one) ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?			Household size	Eligibility	Withdrawn - Date:
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	
	☐	☐	☐	☐	☐	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date	

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced-price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for foster children, and children who are homeless, migrants, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination.

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, 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:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442, or
EMAIL: program.intake@usda.gov

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

This institution is an equal opportunity provider.

Date of Contact	Staff Initials	Name of Household Member Contacted	Detailed Information Received