



# Free and Reduced Lunch Application Packet 2017-18

Office of Food & Nutrition Services  
2700 Judge Fran Jamieson Way  
Viera, FL 32940  
(321) 633-1000, Extension 642

## LETTER TO HOUSEHOLD

**Dear Parent/Guardian:**

Good nutrition is a vital part of a student's ability to learn and to make the most of their educational experience. The Department of Food and Nutrition Services (FNS) offers healthy meals to students every school day. There is no charge for breakfast under Provision 2 in Brevard County. Students may buy lunch for **\$1.80** in elementary school or **\$1.90** in middle and high schools. The information submitted on the Free and Reduced Price Meals application may qualify your child/ren for free or reduced price meals. The price for a reduced meal cost is **\$0.40 daily**. If approved, the free or reduced meal benefits are effective for the entire school year.

Below are some common questions and answers to aid in the process of determining your child's eligibility for meals:

1. **Do I need to fill out an application for each child?** No. Use one Free or Reduced Application for all students in your household. The **fastest** way to submit an application is to fill it out online at [www.brevardschools.org](http://www.brevardschools.org). Paper applications are available on line or at your child's school. If you fill out a paper application, return the completed application to your child's school or you may mail your completed paper application to: Brevard Public Schools, Office of Food and Nutrition-Free/Reduced, 2700 Judge Fran Jamieson Way, Viera, FL 32940. We cannot approve an application that is not complete, so be sure to **fill out all required information and sign**.
2. **Who can receive free/reduced meals?** All children in households receiving Florida SNAP (Food Stamps), the Food Distribution Program on Indian Reservations (FDPIR) or Florida Temporary Assistance for Needy Families (TANF) can get free meals regardless of your income. Also, your children may be eligible to receive free/reduced price meals if your household's gross income is within the free/reduced limits on the Federal Income Guidelines.

**IMPORTANT:** If you have received a **NOTICE OF DIRECT CERTIFICATION letter** for free meals, **please do not** complete an application. Please notify FNS at (321) 633-1000 x642 if you did not receive a Direct Certification letter for all students living in your household.

### REDUCED PRICE MEAL SCALE

Household Size	Annually	Monthly	2 x's Monthly	Biweekly	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
<u>For each add'l family member, add</u>	7,733	645	323	298	149

3. **Can Foster Children get free meals?** Yes, however, an application **must** be submitted to FNS. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of the child's personal income or the income of the household where they reside. The child may be included as a member of the foster family if the foster family chooses to also apply for benefits. If the foster family is not eligible for free or reduced price meals, it does not prevent a foster child from receiving free benefits.
4. **Can homeless, runaway, head start and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these criteria and haven't been told your children will get free meals, please call Dr. Sally Shinn, Homeless Liaison, at (321) 633-1000 x366 to see if your child(ren) qualify.

5. **Who can get reduced price meals?** Your children may get reduced price meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on the back of the paper application.
6. **Should I fill out an application if I received a letter this school year stating my children are approved for free or reduced price meals?** Please read the letter you received carefully and follow the instructions. Call FNS at (321) 633-1000 ext. 642 if you have any questions.
7. **My child's application was approved last year. Do I need to fill out another one this year? YES.** Your child's application is only valid for last school year and for the first 30 days of this school year. You must send in a new application unless you received a NOTICE OF DIRECT CERTIFICATION for the new school year. Please notify FNS at (321) 633-1000 x642 if all of your children are not listed on the Direct Certification letter if you receive one.
8. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof of the information you submit at any time during the school year.
10. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if you have any changes to your household size, income or if you become eligible to receive SNAP (Food Stamps) or TANF. Children with a parent/guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. **What if I disagree with the decision about my application?** You may call FNS at (321) 633-1000 Ext. 642 or write to Mr. Kevin M. Thornton, Director of Food and Nutrition Services, 2700 Judge Fran Jamieson Way, Viera, FL 32940, to discuss your application or request a hearing.
12. **May I apply if someone in my household is not a U.S. Citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children and who pay a pro-rated share of expenses), do not include them.
14. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally get \$1000 each month, but missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. **We are in the military. Do we include deployed service members in our household size?** Yes, deployed service members are considered part of the household. Families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. The determining official would count the service member as part of the household in establishing a child's eligibility for free and reduced price meals.
16. **Do we include our military housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
17. **My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact 321-633-1000 ext. 642 for more information.

**18. My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 211.

If you have other questions or need assistance, please call (321) 633-1000 Ext. 642.

Sincerely,



Kevin M. Thornton, Director  
Office of Food and Nutrition Services  
2700 Judge Fran Jamieson Way  
Viera, Florida 32940-6699

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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 mail:*

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

*fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*

**FAMILY APPLICATION FOR FREE AND REDUCED-PRICE MEALS - 2017/2018 SCHOOL YEAR**

DEAR PARENT OR GUARDIAN:

All meals served meet nutrition standards as set by the U.S. Department of Agriculture. If your child has a disability as defined by the Americans with Disabilities Act and that disability prevents your child from eating the regular school meal, the school will make any substitutions prescribed by a medical professional at no extra charge. The school is not required to make a substitution for a food allergy unless the allergy meets the definition of a disability. If you believe your child needs substitutions because of a handicap, please contact the cafeteria manager at your child's school for further information. If you now receive SNAP (Food Stamps) or TANF for your child, that child can receive free meals. If your total household income is the same or less than the amount of the Income Eligibility Guidelines provided in this letter, your child can receive free or reduced price meals. WIC participants may be eligible for free or reduced price meals. Foster children will receive free benefits regardless of the child's personal income or the income of the household. If you have foster children living with you and wish to apply for such meals for them, please contact Food Services at (321) 633-1000 x642.

Parents are responsible for paying for children's lunches until applications are approved and processed. UNTIL your application is processed and you receive notification of eligibility, you will need to give your children money to purchase school meals at \$1.80 in elementary school, \$1.90 in middle and high school, or pack a lunch.

Free and Reduced Price Meals are not permitted without a processed application. This includes SNAP/ TANF and Foster Child applications. A new application must be submitted each year. Notification of status (free, reduced or paid) will be sent to your home. If you have questions, please call (321) 633-1000 x 642.

**REDUCED PRICE MEAL SCALE**

Household Size	Annually	Monthly	2 x's Monthly	Biweekly	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
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<b>For each add'l family member, add</b>	<b>7,733</b>	<b>645</b>	<b>323</b>	<b>298</b>	<b>149</b>

**VERIFICATION:** Your eligibility may be checked at any time during the school year. School officials may ask you to provide records proving that your child should receive free or reduced price meals. Failure to provide documentation will result in loss of meal benefits.

**FAIR HEARING:** If you do not agree with the decision on your application or the result of verification, you may wish to discuss it with the school officials. If you are still dissatisfied after you have discussed the problem, you have the right to a fair hearing. This can be done by writing or calling: Kevin M.Thornton, Director of Food and Nutrition Services, 2700 Judge Fran Jamieson Way, Viera, FL. 32940-6601, (321) 633-1000 EXT 690

**CONFIDENTIALITY:** School officials use the information on the application to determine if your child is eligible to receive free and reduced price meals. This information will remain confidential.

**USE OF INFORMATION STATEMENT:** This explains how we will use the information you give us. "The Richard B Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your children for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPPIR) case number or other FDPPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We WILL use your information to determine if your child is eligible for free or reduced price meals, and for administration and to enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules."

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

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*U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
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*fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

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**FLORIDA KIDCARE** - Many children who qualify for the free and reduced price school meal program also qualify for low cost or free health insurance from KidCare. If interested, you may contact Florida KidCare at 1-888-540-5437, or by visiting their website at: <http://www.floridakidcare.org>



Kevin M. Thornton, Director  
Food and Nutrition Services  
School Board of Brevard County

			INCOME THAT MUST BE REPORTED	
EARNINGS FROM WORK	PENSIONS/RETIREMENT/SOCIAL SECURITY	WELFARE/CHILD SUPPORT/ALIMONY	OTHER INCOME	
Wages/Salaries/Tips Strike Benefits Unemployment Compensation Worker's Compensation Net Income from Self-Owned Business or Farm	Pensions Supplemental Security Income Retirement Income Veteran's Payments Social Security	Public Assistance Welfare Payments Alimony Payments Child Support Payments	Disability Benefits Interest/Dividends Net Royalties Income from Estate/Trusts/ Investments Regular Contributors from Persons Not Living In Your Home	Net Rental Income Annuities Any Other Income Cash Withdrawn from Savings

**Brevard County School Board**

**FAMILY APPLICATION FOR FREE AND REDUCED-PRICE MEALS 2017-2018**

PLEASE COMPLETE ONE APPLICATION PER HOUSEHOLD.

8537368774

**1 Student Information (La Informacion del Estudiante)** List all Brevard County School Students living with you. (Indique los niños en escuelas de Brevard County que viven con usted)

Name of Student(s) attending Brevard County Schools			*X* if foster child *X* si niño bajo cuidado suplente	Student ID Number	Date of Birth (Fecha de Nacimiento)	School (Escuela)	Grade (Grado)
First (Nombre Del Estudiante)	Last (Apellido)	MI		(Número de Identificación del Estudiante)			
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

**2 SNAP and TANF (Formerly Food Stamp)**

List the name and case number for ANY household member (including adults and children) receiving SNAP or TANF benefits. GO TO PART 5. (Liste el nombre y número del caso para CUALQUIER miembro de su hogar (incluir adultos y niños) que recibe los beneficios de SNAP o TANF. Vea a PARTE 5)

Name (Nombre)  SNAP or TANF Case #

**3 Homeless, Migrant or Runaway child (Sin hogar, el Emigrante o niño/a fugitivo/a)**

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box below and call your school homeless liaison or migrant coordinator.

Homeless  Migrant  Runaway

**4 Household Members (Miembros de su Hogar)** Skip this part if all children listed are Foster Children or if you are receiving SNAP or TANF. Enter the amount of income and how often it is received. Complete PART 5. (No complete esta parte si acogido o si reciben SNAP. Escriba ingresos y frecuencia con que se reciben)

List the names of all household members including student(s) (Nombres de todos los Miembros de su Hogar Incluyendo Estudiante(s))	Gross Income Before Deductions (Ingresos brutos)	Welfare, Child Support, Alimony (Ayudas Sociales, Pensiones Infantiles o Pensiones Alimenticias)				Pensions, Retirement, Social Security and Other (Pensiones, jubilación y Seguro Social or cualquier otro ingreso)				Zero Income Ingresos	
		Weekly	Bi-Weekly	2 X Monthly	Annually	Weekly	Bi-Weekly	2 X Monthly	Annually		
First (Nombre de pila) Last (Apellido) MI	\$										
	\$										
	\$										
	\$										
	\$										
	\$										
	\$										
	\$										

LIST TOTAL NUMBER OF HOUSEHOLD MEMBERS (NÚMERO TOTAL DE MIEMBROS EN EL HOGAR)  **REQUIRED - Check the corresponding zero income box if the household member receives NO Income. (Marque si no tiene ingresos)**

**5 Signature and Social Security Number (Firma y Número de Seguro Social)**

I certify that all the above information is true and correct and that all the income is reported and/or the Food Stamp or TANF case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under state and federal statutes, and children may lose meal benefits. Check the box if you don't have a social security number. (Certifico que toda la información indicada arriba es verdadera y correcta, y que todos los ingresos y/o los números de serie de la Estampilla para Comida o TANF reportados son correctos. Entiendo que esta información se ofrece por el recibo de los fondos federales; que los funcionarios escolares podrán verificar la información en la solicitud y que las representaciones falsas con premeditación de esta información serán causa de pleito judicial según las leyes aplicables federales y estatales y los niños pueden perder beneficios de comida. Marque el recuadro si no posee un número de Seguro Social.)

Signature of Adult Household Member (Firma del Miembro Adulto del Hogar)

Parent/Guardian First Name (Nombre de pila del padre/tutor)  Parent/Guardian Last Name (Apellido del Padre/Tutor)

Social Security Number (Número de Seguro Social)

I do not have a Social Security Number No tengo un número de seguro social

English  Spanish

Address (Dirección postal)  Apt #

City (Ciudad)  State (Estado)  Zip Code (Código postal)

Date (Fecha en que se firmo)  /  /  Home Phone (Teléfono del Hogar)  -  -  Work Phone (Teléfono del Trabajo)  -  -

**6 Other Benefits (Otros Beneficios)** - Your family may be eligible for additional benefits. You do not have to complete this part to receive free and reduced-price meals. (Su familia puede tener derecho a beneficios adicionales. Usted no tiene que completar esta parte para recibir comidas gratuitas y a precio reducido).

A. Sharing Information for Medicaid - The law now allows sharing information from your child's free and reduced-price meal application with the state Medicaid agency. The state Medicaid agency can use this information only to determine Medicaid eligibility and provide enrollment assistance, and not for any other purpose. It will not affect your child's eligibility for free and reduced-price meals. If you want this information shared you need to check the box below.

I want officials to share information from my free and reduced-price meal application with the state Medicaid program.

B. We will share the information on this form with other Federal programs for which you might be eligible. Signature for Medicaid and other benefits

**7 CHILD(REN)'S ETHNIC AND RACIAL IDENTITIES (Identidades étnicas y raciales de los niños) (Optional/Opcional)**

Mark one ethnic identity (Marque una identidad étnica)  Hispanic or Latino  Non Hispanic or Latino

Mark one or more (regardless of ethnicity) Marque una o más (Independientemente de su origen étnico)  Asian  American Indian or Alaska Native  Black or African American  White  Native Hawaiian or Pacific Islander

(This application cannot be processed without a signature in Part 5 from a listed adult on this application).  
(Esta aplicación no puede ser procesada sin una firma en Parte 5 de un adulto que este registrado en esta forma)

# BREVARD PUBLIC SCHOOLS

## INSTRUCTIONS FOR COMPLETING 2017-2018 FREE & REDUCED APPLICATION

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM FLORIDA SNAP, FLORIDA TANF OR FDPIR FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all students attending Brevard County Schools and name of school for each child.

**Part 2:** List the case number for any household member (including adults) receiving SNAP, TANF or FDPIR benefits.

**Skip Parts 3 and 4.**

**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary.

**Part 6:** Answer this question if you choose.

### IF NO ONE IN YOUR HOUSEHOLD GETS FLORIDA SNAP, FLORIDA TANF OR FDPIR BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, MIGRANT, HEAD START OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all students attending Brevard County Schools and name of school for each child.

**Part 2:** Skip

**Part 3:** If any child you are applying for is homeless, migrant, head start or runaway, check the appropriate box and call Dr. Sally Shinn (Homeless Liaison) at 633-1000 ext. 366 or the Head Start Coordinator or Migrant Coordinator at ext. 355.

**Part 4:** List all household members. For each household member, list **gross income** and how often it is received. Check the box for zero income for any household member that has no income.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she does not have one).

**Part 6:** Answer this question if you choose.

### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

**If all children in the household are foster children:**

**Part 1:** List all foster children attending Brevard County Schools and name of school for each child. Check the box indicating the child is a foster child.

**Skip Parts 2, 3 and 4.**

**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary.

**Part 6:** Answer this question if you choose.

**If some of the children in the household are foster children:**

**Part 1:** List all students including foster children attending Brevard County Schools and name of school for each child. Check the box indicating the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, head start, migrant or runaway, check the appropriate box and call Dr. Sally Shinn (Homeless Liaison) at 633-1000 ext. 366 or the Head Start Coordinator or Migrant Coordinator at ext. 355. If not, skip this part.

**Part 4:** List all household members. For each household member, list **gross income** and how often it is received. Check the box for zero income for any household member that has no income. Do not include income from foster payments received by the family from the placing agency. If you choose to include the foster child as a household member you must list any personal income earned by the foster child.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she does not have one).

**Part 6:** Answer this question if you choose.

### ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all students attending Brevard County Schools and name of school for each child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, head start, migrant or runaway, check the appropriate box and call Dr. Sally Shinn (Homeless Liaison) at 633-1000 ext. 366 or the Head Start Coordinator or Migrant Coordinator at ext. 355. If not, skip this part.

**Part 4:** List all household members. For each household member, list gross income and how often it is received. Check the box for zero income for any household member that has no income. Do not include income from foster payments received by the family from the placing agency. If you choose to include the foster child as a household member you must list any personal income earned by the foster child.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she does not have one).

**Part 6:** Answer this question if you choose.

**Part 7: Answer this question if you choose.**

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