

Request for School Records/Transcript

Calhoun Falls Charter School

205 Edgefield Street
Calhoun Falls, SC 29628
Phone: (864) 418-8014
Fax: (864) 418-9379
www.cfpcs.org

Principal: Kalan S. Rogers
Assistant Principal/Guidance Counselor: Lori Lindler

Does this student have a 504 or ESOL plan or in the process of being evaluated? ___ Yes ___ No

Date: _____
School Withdrawing From: _____
School Address: _____
School Telephone Number: _____

Please forward a copy of the official record for the following student:

Name: _____

Grade: _____ Date of Birth: _____ SS#: _____

Parent/Guardian Signature: _____

According to the final regulations of the Buckley Amendment, written parental consent to release student records between schools is no longer required. The Buckley Amendment states that school officials and officials in school systems in which a student may intend to enroll may receive a student's record without a written consent for the release.

Please release the following records:

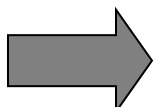
- | | |
|--|--|
| <input type="checkbox"/> Cumulative School Records | <input type="checkbox"/> English Language Learner (ELL) Initial Placement Screener |
| <input type="checkbox"/> Withdrawal Grades to Date | <input type="checkbox"/> Home Language Survey |
| <input type="checkbox"/> State/National Standardized Test Scores | <input type="checkbox"/> ELL State Language Proficiency Test Scores |
| <input type="checkbox"/> Attendance Information | <input type="checkbox"/> ELL Accommodation Plan |
| <input type="checkbox"/> Discipline Information | |
| <input type="checkbox"/> Birth Certificate & Social Security Card | |
| <input type="checkbox"/> Health/Immunization Records | |
| <input type="checkbox"/> Gifted and Talented Profile Sheet (if applicable) | |
| <input type="checkbox"/> Psychological Records (if applicable) | |
| <input type="checkbox"/> Special Education Records (if applicable) | |

Thanks for your assistance,
Lori Quade Lindler
Assistant Principal/Guidance Counselor
llindler@cfpcs.org

1st Request _____
2nd Request _____
Records Rec'd _____

Calhoun Falls Charter School - Student Enrollment Information

Student Last Name	
Student First Name	
Student Middle Name	
<input type="checkbox"/> Check here if all information below is the same as last school year. If changes need to be made only update changes that are different from the previous school year. (For example, if your home telephone number has changed.)	
Grade	
Date of Birth	
Ethnicity	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	
Parent/Guardian	
Parents Email Address	
Home Phone Number	
Mailing Address	Street: City/State/Zip:
Physical Address	Street: City/State/Zip:
Mother's Name	
Mother's Employer	
Mother's Work Number	
Mother's Cell Number	
Father's Name	
Father's Employer	
Fathers Work Number	
Father's Cell Number	
Emergency Contact #1	Name: Relationship: Phone Number:
Emergency Contact #2	Name: Relationship: Phone Number:
Emergency Contact #3	Name: Relationship: Phone Number:
What is your preferred language for parent letters from the school?	
What is your preferred language when we are speaking to you in person or on the telephone?	



9th – 12th Graders ONLY

PARENTAL NOTICE OF PRIVACY LETTER FOR PARENTS OF ALL NINTH THROUGH TWELFTH GRADE STUDENTS

Dear Parent:

Federal law requires Local Education Agencies (LEAs) provide names, addresses, and telephone numbers of 11th and 12th grade high school students to military recruiters and institutions of higher education that request this information, except where the parent opts out in writing that he/she does not consent to the release of this information.

If you do not consent to the disclosure of this information, you must fill out the following form and return it to your child's school. If you choose not to return the form at this time, you may do so at any time during your child's school career and the request for non-disclosure will be honored. For parents of 9th and 10th grade students, the opt-out form can be completed and saved in advance.

Sincerely,

Kalan S. Rogers

OPT-OUT OF RELEASE OF STUDENT INFORMATION FORM

Please complete the following if you do not consent to the release of your child's information - name, address, and telephone number - to military recruiters and/or institutions of higher education that request this information.

Student's Last Name:	
Student's First Name:	
Student's Official Class:	
Name of School:	

I am requesting that my child's name, address, and telephone number NOT be shared with:
(please check appropriate box)

<input type="checkbox"/>	Military Recruiters
<input type="checkbox"/>	Institutions of Higher Education
<input type="checkbox"/>	Both Military Recruiters and Institutions of Higher Education

Parent/Guardian/Student Aged 18 or older
--

Print Name _____

Signature _____

Date: _____

Guardianship Verification

These are the signatures which must appear on all excuses and papers sent to school.

I, _____, am the parent or legal
(Print Parent Name)
guardian (if guardian, legal papers must be attached) who has legal
rights for _____. If at any time I am
(Print Student's Name)
no longer the person who has legal rights, I will notify the school
immediately.

Signature

Date

Another person who has legal rights is:

(Please Print)

Student Health Update

Parent/Guardian, please complete this information sheet and make sure your signature is included on this form.

Student's Name: _____ Grade: _____

Parent(s)/Guardian(s): _____ Date: _____

Address: _____

Phone numbers where Parent/Guardian may be reached:

Home _____ Work _____ Cell _____

Other _____

The school needs permission forms signed by you and your child's doctor for all prescription medication that is to be given at school. The permission forms may be obtained in the office. There are also non-prescription forms in the office for over the counter medicine. Medication will not be given without these forms signed. We do not provide medicine for students.

Please circle Yes or No to the following questions:

- Does your child take medication on a routine basis for any reason? **Yes or No**
If yes, state the reason _____
- Allergies to Medication: _____
- Is your child currently (within the last 12 months) being treated for any of the following conditions:

Please circle YES if the doctor has diagnosed your child with any of the medical conditions listed below. Also if you circle YES indicate any medication your child takes for this diagnosis.		
Medical Condition	Indicate if your child has this medical condition	Medication taken for the medical condition
Diabetes	YES or NO	
Asthma	YES or NO	
Seizures	YES or NO	
Sickle Cell	YES or NO	
Heart Problems	YES or NO	
Headaches	YES or NO	
Allergies	YES or NO	
Vision Problems	YES or NO	
Hearing Problems	YES or NO	
Other:		

Family Doctor: _____ Phone Number: _____

Signature of Parent/Guardian: _____

Calhoun Falls Charter School

Signature Verification of Receipt Documents/Release of Information

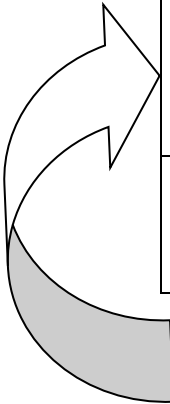
Student Name (Please Print)

Parent Name (Please Print)

Grade

STUDENT AND PARENT/GUARDIAN MUST SIGN ALL SECTIONS AND RETURN TO SCHOOL

<p><u>Student Computer Use/Internet Safety & Responsibility</u> I have read and understand, and will have my child abide by the CFCS Technology Systems Acceptable Use Policy. I am aware that CFCS technology, including the internet and network access, is designed for educational purposes. I recognize that it is impossible for CFCS to restrict access to all controversial materials, and I will not hold CFCS responsible for materials accessed on the network. I further understand that the provisions of this policy are subordinate to local, state and federal statutes, and violations are unethical and may constitute a criminal offense. Should my child comment a violation his/her access privileges may be revoked, and he/she may be subject to other disciplinary actions prescribed by school policies or the law.</p>	<p>_____ Student's Signature</p> <p>_____ Parent's Signature</p> <p>_____ Date</p>
<p><u>Use of Student Pictures in News Media</u> I permit CFCS and/or news media to print photographs, student work, and identification of the above named student on the school's web pages, newspaper articles, radio and television programs.</p>	<p>_____ Parent/Guardian Signature (Student if 18 or older) Date</p>
<p><u>Student Accident and Health Insurance</u> As parent/Guardian of the named student, I understand that CFCS does not provide medical insurance for student injuries.</p>	<p>_____ Parent/Guardian Signature Date</p>



This means School's Social Sites (such as Facebook, Twitter, Instagram, etc). This also means your child could be pictured on our school web site. Please sign if you are giving permission for the school to do this.



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in South Carolina, and remains in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____
4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

2017-2018 Prototype Household Application for Free and Reduced Price School Meals

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

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household 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 Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If **NO** > Go to STEP 3. If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) 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)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. Mail Completed form to: Calhoun Falls Charter School, 205 Edgefield Street, Calhoun Falls, SC 29628

"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 (check) 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."

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Printed name of adult signing the form	Signature of adult			Today's date	

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- 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
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) 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 - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

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 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

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 child 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 (FDPIR) case number or other FDPIR 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 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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, 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

This institution is an equal opportunity provider.

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

Total Income		How often?				Household Size		Categorical Eligibility <input type="checkbox"/>			Eligibility:		
<input type="text"/>		Weekly	Bi-Weekly	2x Month	Monthly	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free	Reduced	Denied
<input type="text"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining Official's Signature		Date		Confirming Official's Signature		Date		Verifying Official's Signature			Date		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			<input type="text"/>		

Please remove from enrollment packet and keep for your records

UNPAID MEAL CHARGE POLICY

Calhoun Falls Charter School's Food Service department recognizes adequate nutrition is essential to students' mental, physical, and academic growth. All children (grades 6 through grade 12) participating in the national school breakfast program and the national school lunch program, whether at a free, reduced, or paid rate, will receive a full reimbursable breakfast and/or lunch meal that meets USDA requirements regardless if they do not have adequate money in their student account or in hand to cover the cost of the meal at the time of service.

The school meal accounting system is a pre-paid system. Parents or guardians must deposit money into their child's account before meals are served. Payments can be made daily, weekly, monthly, or annually. If a student does not have adequate money in their student account or in hand to cover the cost of the meal at the time of service, all students may choose a meal from required component contributions to create a reimbursable meal. The food service cashier keys a reimbursable breakfast and/or lunch meal charging the student's account accordingly.

The Food Service Office runs a weekly report via eTriton showing all student accounts in a negative balance greater than \$10.00. Unpaid meal charges greater than \$10.00 will result in the following:

- A verbal reminder to the student
- A weekly report sent to the principal
- A Pre-Paid Envelope reminder sent home with student
- Telephone call home and an email, when possible, will be sent to the parent
- In case of significant delinquent payments, a letter will be sent home from the Food and Nutrition Department.

Students with negative account balances can only purchase regular breakfast and lunch meals; no A la carte (extra) items can be charged. Monies received from students with negative account balances must first be used to satisfy the negative balance. No change will be given back to students with negative account balances, and any extra monies will be deposited into the student's account. All meals eaten before a Free and Reduced-Price application is processed and approved are the responsibility of the parent/guardian and must be paid for as required by law.

Families may pre-pay for reduced and paid meals as well as a la carte foods. Families may check with the Food Service Office for their account balance. Money may be added to student accounts via cash or check through the Food Service Office. Payments for any meal(s) not received by a student approved for reduced meal prices or paid prices are carried over into the next month. Money left at the end of a school year is carried over into the next school year as delinquent debt and collection efforts continue into the new school year. At the end of the school year, uncollected meal charges will be handled the same as other school debt in accordance with Administrative Procedure 6.84.1, Recover of Lost, Damaged, or Vandalized Property.

If a student graduates and has money left in their student account, the Food Service office sends full reimbursement to the household. If a student withdraws from school and has more than \$5.00 in their account, the Food Service department sends a letter to the household asking if they would like to receive full reimbursement.

The above policy is provided to all households in writing with student registration materials at the beginning of the school year and also through the student handbook and school website. Both English and Spanish versions of this policy are available to all households. This policy is provided to households through a letter the first time

it is applied to a student. Additionally, this policy is available on the Calhoun Falls Charter School website at <https://www.cfpcs.org> . This meal charge policy is provided to and is reviewed with all school level staff responsible for policy enforcement, including food service personnel responsible for collecting payment for meals at the point of service, food service staff responsible for notifying families of low balances, and school security staff involved in notifying families of negative balances. School guidance counselors, principals, assistant principals, and others responsible for carrying out this policy will be informed of the Calhoun Falls Charter School Unpaid Meal Charge policy.

Non-Discrimination Statement

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](tel:8008778339). 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: <https://www.ascr.usda.gov/filing-discrimination-complaint-usda-customer>, 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](tel:8666329992). 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
Washington, D.C. 20250-9410
- (2) Fax: [\(202\) 690-744](tel:202690744); or
- (3) email: program.intake@usda.gov.

“This institution is an equal opportunity provider.”

6/26/2017