ARIZONA AUTISM
CHARTER SCHOOLS, INC

Dear Parent/Guardian:

Children need healthy meals to learn. **AZACS** offers healthy meals every school day. Breakfast costs $2.75, lunch costs $4.50. Your children may qualify for free meals or for reduced-price meals. Reduced-price meals are also free for breakfast and lunch during the 2026–2027 school year due to a one-time state-funded reimbursement that covers the student's reduced-price co-payment. This packet includes a school meal application for free or reduced-price meal benefits, application directions, and AZACS unpaid meal policy. Below are some common questions and answers to help you with the application process.

1. WHO IS ELIGIBLE FOR FREE MEALS?

   a. All children in households receiving benefits from **SNAP, Food Distribution Program on Indian Reservations (FDPIR), TANF, Direct Certification-Medicaid Free (DC-M Free)** can get free meals regardless of your income.

   b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.

   c. Children participating in their school's Head Start Program are eligible for free meals.

   d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.

   e. Children can get free or reduced-price meals if your household's gross 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 2026-2027 Reduced Price Meals			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	**$ -29526**	**$ -2461**	**$ -568**
2	**$ -40034**	**$ -3337**	**$ -700**
3	**$ -50542**	**$ -4212**	**$ -972**
4	**$ -61050**	**$ -5088**	**$ -1175**
5	**$ -71558**	**$ -5964**	**$ -1377**
6	**$ -82066**	**$ -6839**	**$ -1579**
7	**$ -92574**	**$ -7715**	**$ -1781**
8	**$ -103082**	**$ -8591**	**$ -1983**
Each additional person:	**$ -10508**	**$ -876**	**$ -203**

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 **hvaughan@autismcharter.org.**

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 : **Holly Vaughan** at hvaughan@autismcharter.org, or send to ATTENTION: Holly Vaughan, Arizona Autism Charter Schools, 4125 N 14th Street, Phoenix, AZ 85014.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact Holly Vaughan at 602-882-5544 or hvaughan@autismcharter.org immediately.

5. **CAN I APPLY ONLINE?**

   Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit:

   https://mealapp.lunchtimesoftware.net/

   The instructions and parent's guide are in the upper left hand corner of the webpage.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through **August**. 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 $2.75 and $4.50.**

7. 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.

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

9. 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.

10. 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 602-885-5544 or writing to AZACS Administration at 4125 N 14th St, Phoenix, Az 85014.

11. 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. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.

12. 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.

13. 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 income fields blank, as we will assume you meant to do so.

14. 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.

15. 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 **Holly Vaughan** at hvaughan@autismcharter.org, or call 602-882-5544 to receive a second application.

16. 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 1-855-777-8590.

If you have other questions or need help, call **Holly Vaughan 602-882-5544 x1210.**

Sincerely,

Arizona Autism Charter Schools Administration

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax**: (202) 690-7442; or
3. **Email**: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

INSTRUCTIONS FOR APPLYING

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 your children attend more than one school in **AZACS**. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact **Holly Vaughan at 602-882-5544 x1210 or e mail hvaughan@autismcharter.org**.

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

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2.**

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and **go directly to STEP 4.**

If No- Leave this section blank and **go to STEP 3.**

- Please note that the 16-digit QUEST Electronic Benefit Transfer Card number starting in '5077' is not an appropriate Case Number.

STEP 3- HOUSEHOLD INCOME INFORMATION

A. **Child income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Total 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. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children	
Type of Income	**Examples**
Earnings from work	A child has a job where they earn a salary or wages.
Social Security • Disability payments • Survivor 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 persons *outside* the household	A friend or extended family member *regularly* gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

B. **Adult Household Members and Income-** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.** List one name per line and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received weekly, bi-weekly (every other week), 2x month (2 payments per month), or monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

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) **For military families:** • 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 • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability • Income from trusts or estates • Annuities • Investment Income • Earned Interest • Rental Income • Regular cash payments from outside household

The back of the application provides the same Sources of Income charts.

C. Total number of household members and SSN

Report the total number of people in your household (all adults and children) in the one box. This must match the number of household members listed in STEP 1 and STEP 3.

Report the last 4 digits of the Social Security number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4- CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address 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 providing it helps us reach you quickly if we need to contact you.

OPTIONAL INFORMATION

The back of this application provides a section for 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 section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

Once the form is completed, it should be mailed, or delivered to Student Nutrition Manager, AZACS 4125 N 14Th Street, Phoenix AZ, 85014.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. ***Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;*
2. ***Fax:** (202) 690-7442; or*
3. ***Email**: program.intake@usda.gov.*

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2026-2027 AZACS Unpaid Meal Policy

Purpose of this Policy: To outline procedures for providing meals to students without sufficient funds, prevent unpaid meal balances, avoid overt identification based on meal payment status, and ensure eligible students are enrolled in the Free and Reduced-Price Meal Program.

Meal Service Overview: Arizona Autism Charter Schools (AZACS) participates in the National School Lunch Program and serves breakfast and lunch daily. Families are informed annually about the availability of reimbursable meals and how to apply for free or reduced-price meals. This policy is shared at the start of each school year, included in enrollment packets for new students, posted on the school website, and made available upon request.

Meal Prices (2026–2027 School Year): Breakfast is **$2.75** and lunch is **$4.50**. Students who qualify for free meals will receive meals at no charge. Students approved for reduced-price meals will also receive meals at no charge during the 2026–2027 school year due to one-time funding provided by the State of Arizona, which covers the required reduced-price meal co-pay for eligible students.

Meal Charges: Students eligible for free or reduced-price meals will not be denied a reimbursable meal.

• Students receiving paid meals are expected to pre-order meals and maintain sufficient funds in their account. However, students may be served a reimbursable meal upon request, and the charge will be added to the student's account in accordance with this policy. Students who pay full price for meals may charge reimbursable meals to their account up to a negative balance of $20.00. Once an account exceeds a negative balance of $20.00, additional meal charges may be restricted. AZACS may provide an alternate meal or another appropriate meal option at the discretion of the Student Nutrition Manager or designee. This policy will be administered consistently and in a manner that does not overtly identify or stigmatize students.

Preventing Unpaid Meal Charges: Applications for free or reduced-price meals are available after July 1 at each school site and through the Lunchtime Meal App Portal: https://mealapp.lunchtimesoftware.net/

• Students identified through direct certification programs, including SNAP, foster care, homeless, migrant, runaway, and other qualifying assistance programs, will be certified for meal benefits as required by federal and state guidelines.

• Meals must be pre-ordered and pre-paid monthly through https://www.schoolpaymentportal.com/ConsumerLogin.aspx • Cash or check payments are accepted at the front office and should be made payable to Arizona Autism Charter Schools.

• Families who do **not** want their student served a school meal must opt out by contacting the Student Nutrition Manager before meal service begins each school year. Families are encouraged to monitor meal account balances and meal preorders through the School Payment Portal.

Managing and Collecting Unpaid Meal Debt: If a student receives a meal without prepayment, the charge will be added to the student's account.• Households will be notified of low and negative meal account balances by email, phone, or written communication from the Student Nutrition Manager.

• Families will be provided information about applying for free or reduced-price meal benefits if they have not already applied.

• Repayment plans may be arranged for families experiencing financial hardship.

• Meal account balances may be viewed at any time through the School Payment Portal or by contacting the Student Nutrition Manager.

Any unpaid meal debt determined to be uncollectible will be managed in accordance with USDA and Arizona Department of Education requirements and will not be paid using federal child nutrition funds.

Debt Follow-Up and Year-End Procedures:• Unpaid meal charges will carry forward from one school year to the next until resolved. AZACS will make reasonable efforts to collect outstanding meal balances through respectful communication with the parent or guardian responsible for the student's account. Prior to collection efforts, AZACS will review available information to determine whether the student may qualify for direct certification or other meal benefit eligibility categories, including SNAP, foster care, homeless, migrant, or runaway status.

Non-Discrimination: Students with unpaid meal balances will not be identified, treated differently, required to perform work, or otherwise stigmatized because of their meal account status. School staff will protect the confidentiality of student eligibility and account information at all times.

Staff Training: This meal charge policy will be reviewed annually with all school personnel involved in meal service and family communication to ensure consistent, respectful implementation.

This institution is an equal opportunity provider.

2026-2027 Application for Free and Reduced-Price School Meals

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (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.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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? Circle one: Yes / No

If you answered NO > Complete STEP 3. **If you answered 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 to the back of this application 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 Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars 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)	GROSS Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

C. Total Household Members

(Children and Adults) ☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X ☐☐☐☐ **Check if no SSN** ☐

STEP 4 Contact information and adult signature Mail Completed Form to:4125 N 14Th Street, Phoenix AZ 85014

"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."

Signature of adult completing the form ____ Today's date ____

Printed name of adult completing the form ____ Daytime Phone and Email (optional) ____

Street Address (if available) ____ Apt # ____ City ____ State ____ Zip ____

OFFICE USE ONLY

☐**Error Prone**

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ **Date:** _____

☐**Case # Application** ☐**Foster Application** ☐**Directly Certified: Date of Disregard:** _____

☐**Income Application** ☐**Homeless/Migrant/Runaway**

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

☐ **Selected For Verification:** Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	**Examples**
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons *outside* the household	A friend or extended family member *regularly* gives a child spending money.
Income from any other source	A child receives 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 - Workers 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 - 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 USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax**: (202) 690-7442; or
3. **Email**: program.intake@usda.gov.

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