Kyle's Bright Beginnings Learning Center

Child Enrollment Application

Dear Parent / Sponsor,

Welcome to Kyle's Bright Beginnings Learning Center. We are honored that you have entrusted us to care for your child.

The following pages contain comprehensive enrollment information about our operations here at KBB to keep your child safe and happy during their time with us.

Please take the time to complete all the forms so we may learn about your child and any special needs they may have.

Return the completed and signed/ initialed pages before your child can be officially enrolled.

Please feel free to direct any questions or concerns to our ***Director, Stacey Dees at 512-312-4341*** *or come in and speak with our office staff.*

We look forward to your child's first day with us at KBB!

Sincerely,
Ed and Alice Bradley

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ADMISSION INFORMATION

A. GENERAL INFORMATION

OPERATION'S NAME: Kyle's Bright Beginnings Learning Center	**DIRECTORS' NAMES: Stacey Dees / Alice Bradley**
Child's Full Name:	**Child's Date of Birth:**
Child's Home Address:	**Child Lives with: Both Parents ☐** **Mom ☐ Dad ☐ Legal Guardian ☐**
DATE OF ADMISSION:	**DATE OF WITHDRAWAL:**
Name of Parent 1 (or Legal Guardian):	**Parent 1 Email Address:**
Address of Parent 1 (if different from the child's):	**Parent 1 Telephone:**
Name of Parent 2:	**Parent 2 Email Address:**
Address of Parent 2 (if different from the child's):	**Parent 2 Telephone:**
Legal Guardian Phone and Email address:	**Custody Documents on file? YES ☐ NO ☐**
Emergency Contact Name and Phone Number (if parents or guardian cannot be reached: **Relationship to Child: _____**	
RELEASE AUTHORIZATION: I authorize the Kyle's Bright Beginnings operation to release my child to leave the operation ONLY with the following persons. Verification of photo ID will be required before release. Provide name and telephone number for each:	**Name:** **Phone Number:**
	Name: **Phone Number:**
	Name: **Phone Number:**
	Name: **Phone Number:**

B. MEALS FOR ALL AGES

I understand that the following meals will be provided to my child while in care
☐ Breakfast ☐ Lunch ☐ Afternoon Snack at the designated times by KBB Personnel.

Child Attendance Schedule: Time of AM arrival _____ Time of PM Pick up: _____

Days my child will normally attend: Monday: ☐ Tuesday: ☐ Wednesday: ☐ Thursday: ☐ Friday: ☐

*All meals are nutritionally balanced per the US Department of Agriculture (USDA) requirements. The child will not be allowed to consume outside food or drink while in care; thus, it will be returned to the parent uneaten. Any substitutions will be followed per the *attached and dated **Allergy Emergency Plan***.

Signature of Parent or Legal Guardian:_____ Date Signed: _____

ADMISSION INFORMATION (CONT'D)

C. SPECIAL NEEDS & AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which caregivers should be aware:

_____

_____

FOOD ALLERGIES: Does your child have diagnosed food allergies? YES ☐ NO ☐ If YES, ***Allergy Emergency Plan*** is attached & submitted. Date:_____ Parent/Sponsor Initials: _____

EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	**Address of Physician:**	**Phone Number of Physician**
Name of Emergency Care Facility	**Address of Facility:**	**Phone Number:**

☐ **I give consent to secure any and all necessary emergency medical care for my child.**

Signature of Parent / Legal Guardian: _____ Date: _____

D. ADMISSION HEALTH REQUIREMENTS

If your child does not attend pre-kindergarten or school away from Kyle's Bright Beginnings, one of the following must be presented when your child is admitted or within one week of admission date. (CHECK ONE OPTION):

- ❑ A signed and dated copy of a health care professional's statement is attached.
- ❑ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ❑ My child has been examined within the past year by a health care professional and is able to participate in the day care program; AND, within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.
- ❑ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the child care program.

Health Care Professional's Signature: _____ Date Signed: _____

Name & Address of Health Care Professional: _____

Signature of Parent or Legal Guardian: _____ Date Signed: _____

E. REQUIREMENTS FOR IMMUNIZATIONS AND SCREENING EXCLUSION

- ❑ I have attached a notarized, signed and dated affidavit that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety code submitted no later than the 90th day after the affidavit is notarized.
- ❑ I have attached a notarized, signed and dated affidavit stating that the vision or hearing screen conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member.

For additional information regarding immunizations, visit the Texas Department of Health Services' website at www.dshs.state.tx.us/immunize/public.shtm

_____

F. **CONSENT INFORMATION FOR TRANSPORTATION (CHECK ALL THAT APPLY):**

I give consent for my child to be transported and supervised by the KBB's employees:

☐ For Emergency care ☐ on Field Trips ☐ From school to KBB Center**

****For School Age Child attending school:**

Name of School _____ School Phone Number _____

School Address _____

Pick-up time from school (if shuttle requested) _____

G. CONSENT FOR ACTIVITIES:

FIELD TRIPS: I give consent for my child to participate in field trips: ☐ YES ☐ NO

WATER ACTIVITIES (CHECK ALL THAT APPLY): ☐ water table play ☐ sprinkler play ☐ splashing / wading pools ☐ swimming pools ☐ aquatic playgrounds

H. CONSENT TO VIDEO/PHOTOGRAPH RELEASE for KBB Promotional Website and Social Media

I understand that my child's voice, physical presence and participation in classroom activities may be photographed and or video recorded will not be a violation of his/her personal rights. I hereby release any claims for such use during the duration of his/her enrollment at Kyle's Bright Beginnings.	☐ **I DO give my consent.** ☐ **I DO NOT give my consent.** **Student Name:** _____

Signature of Parent or Legal Guardian:_____ Date Signed: _____

TUITION PAYMENT AGREEMENT

I understand that tuition will be invoiced to me through the brightwheel app on the Friday prior to the week of care. I agree to enroll in the Autopay function through brightwheel and approve the automatic payment of any tuition and fees due through the payment method and timing schedule I have selected in the brightwheel app. If there is a valid reason I cannot utilize the Autopay function in brightwheel, alternative payment methods can be arranged with prior mutual agreement between me and KBB Management. I understand I am subject to a $35.00 return fee plus the tuition in the form of a money order or certified check if any payment is returned. I am subject to having my child removed from care within (5) business days of payment delinquency. Any amount owed to KBB will be subject to legal collection proceedings through small claims court, and any court costs and counsel will be added to collection totals.

Parent Signature: _____ Date: _____

LATE TUITION POLICY

Late fees are assessed as follows: $10.00 per day per child starting the Wednesday after tuition is due unless prior approval by Director.

A $35.00 processing fee will be charged for any returned ACH transactions or checks. Refunds for illness, vacations, or other temporary absences will not be given.

LATE PICK UP CHARGES

Late Pick-up Fees are **$15.00** for pick-up anytime between 6:30 pm and 6:35 pm, **PLUS $1.00** for every minute thereafter. Fees will be charged to your KBB Financial account and invoiced accordingly.

VACATION DISCOUNT

Vacation discounts are allowed twice per year. I acknowledge that I have two (2) weeks of vacation absences per year per KBB's Vacation Request Guidelines:

1. Submit a written notice of request for any given week (Monday-Friday only) at least two weeks prior to vacation request period.
2. Pay a **$50.00** administrative fee with the written request notice.
3. I acknowledge that when using a vacation week, my child will not be in the care of KBB center for the entire week.

Parent Signature: _____ Date: _____

GANG FREE ZONE

Under the Texas Penal Code, any are within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

PRIVACY STATEMENT

The Texas Department of Family and Protective Services (DFPS) values your privacy. For more information, read our Privacy and Security Policy online at http://www.dfps.state.tx.us/policies/privacy.asp

AMERICANS WITH DISABILITIES ACT

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0401 (voice or (800) 514-0383 (TTY).

SIGNATURES:

Child's Parent or Legal Guardian: _____ Date signed: _____

Center Designee: _____ Date signed: _____

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

E&A Partners, LLC, dba Kyle's Bright Beginnings Learning Center (KBB) has put in place preventative measures to reduce the spread of COVID-19; however, KBB cannot guarantee that you or your child/ren will not become infected with COVID-19. Further, **attending KBB could increase** your risk and your child/ren's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/ren and I may be exposed to or infected by COVID-19 by attending KBB and that exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at KBB may result from the actions, omissions, or negligence of myself and others, including, but not limited to, KBB employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child/red or myself (including, but not limited to, personal injury, disability ad death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child/ren may experience or incur in connection with my child/ren's attendance at KBB or participation in KBB programming ("Claims"). On my behalf and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless KBB, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of KBB, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any KBB program.

Signature of Parent/Sponsor _____ Child/ren attending KBB: _____

Printed Name of Parent/Sponsor: _____ Date: _____

Kyle's Bright Beginnings Learning Center

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Kyle's Bright Beginnings** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: Kyle's Bright Beginnings 221 Amberwood N, Kyle, TX 78640.**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get $1000 each month, but you 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 only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form**.**

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. ***(Pricing program only)*** **Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to **The Director** either in person or by telephone at **(512) 312-4341**. You may ask for a hearing by calling or writing to: **E & A Partners LLC, 221 Amberwood North Kyle, TX 78640.**

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **(512) 312-4341.**

Sincerely,

KBB Administration

INSTRUCTIONS FOR CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (CHILD CARE)

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.
Part 2: List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.
Part 3: Skip this part.
Part 4: Skip this part.
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.
Part 7: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children**.** Check the box indicating that the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. A Social Security Number is **not** necessary.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.

If <u>some</u> of the children in the household are foster children:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.
Part 2: If the household does not have an eligibility number, skip this part.
Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes. Parents/Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.
Part 4: Follow these instructions to report total household income from this month or last month.
Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.
Box 1: List the **gross income,** not the take-home pay. Gross income is the amount earned before taxes and **other deductions. You should be able to find it on your stub or your boss can tell you.**
Box 2: List the amount each person got from the month from welfare, child support, alimony.
Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits. **Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *<u>For ONLY the self-employed, report income after expenses in Box 1</u>*. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.
Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony. **Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1*. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	**CHECK IF A FOSTER CHILD. *IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.**	**CHECK IF NO INCOME**
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME:_____ ELIGIBILITY NUMBER:_____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660),* provide the name of the program and eligibility number: NAME:_____ ELIGIBILITY NUMBER:_____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List **only** household members with income)	**B. Gross income and how often it was received** **Note:** Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) *Jane Smith*	$200/weekly	$150/twice a month	$100/monthly	$200/bi-monthly
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here:_____ Print name: _____

Date: _____

Address:_____ Phone Number: _____

City:_____ State:_____ Zip Code: _____

Last four digits of Social Security Number: _ * _ * _ * - _ * _ * -_____ □ I do not have a Social Security Number

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities: (OPTIONAL)

Mark 1 Ethnic Identity:	Mark 1 (or more) Racial Identities:	
❑ Hispanic or Latino	❑ Asian	❑ American Indian or Alaska Native
❑ Not Hispanic or Latino	❑ White	❑ Native Hawaiian or Other Pacific
	❑ Islander Black or African American	

Part 7. Sharing Information With Other Programs: (OPTIONAL)

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ❑ **I do elect to allow my household information to be disclosed.**
- ❑ **I do not elect to allow my household information to be disclosed.**

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income:_____Per: □ Week, □ Every 2 Weeks, □ Twice A Month, □ Month, □ Year Household size: _____

Categorical Eligibility:___Date Withdrawn:_____Eligibility: Free____Reduced___Denied____ Tier I_____ Tier II_____

Reason:_____

Determining Official's Signature:_____Date:_____

Confirming Official's Signature:_____Date: _____

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

Privacy Act Statement:

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 the participant 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 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) eligibility number for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

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. 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:
(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) 690-7442; or (3) email: program.intake@usda.gov