District Registrar
518.237.4131 ext. 2299
Fax: 518.833.7009
registar@cohoes.org

7 Bevan Street
Cohoes, NY 12047
WWW.COHOES.ORG

UPK Registration Packet

Welcome to the Cohoes City School District!

Please complete this packet and have all required documentation prior to scheduling an appointment with the registration office. *A parent/legal guardian must be present at the time of registration.*

UPK Registration is **by appointment only** and occurs at the District's Main Office located at 7 Bevan St Cohoes, NY 12047.

UPK Registration will be held on **March 20 – April 13** during the hours of **8:30am to 3:30pm.**
Please call (518)237-4131 ext. 2299 to schedule an appointment.

PARENTS MUST PROVIDE THE FOLLOWING DOCUMENTATION ALONG WITH THE PACKET TO COMPLETE REGISTRATION:

- ❒ Parent/Legal Guardian photo ID.
- ❒ Proof of Age (any of the following): Birth Certificate, Passport, or Baptismal Certificate
- ❒ Proofs of residency: A list of acceptable documents can be found on the Proof of Residency form.
- ❒ Proof of Immunization and a Physical within the last year: Must be signed or stamped by a State Licensed health care provider. Proof may be faxed to (518)833-7009 directly from the physician's office.
- ❒ Custody papers(if applicable)
- ❒ Individualized Education Plan(if applicable)

If any of the above documents are unavailable the school district may consider other forms upon approval.

UPK openings are contingent on state funding. If there are more applications than allotted openings, all completed applications will be placed in a lottery. Applications not initially selected will be placed on a waiting list and called when space becomes available.

Deadline for all applications is 4pm Thursday, April 13.

IF A LOTTERY IS HELD AND YOUR APPLICATION IS SELECTED YOU WILL RECEIVE AN ACCEPTANCE LETTER BY MID-JUNE.

The UPK program hours are from 8:30am – 2:30pm.

***Cohoes School District does not provide transportation.**

COHOES
CITY SCHOOL DISTRICT

Residency Form

Student Name: _____ **Parent/Guardian:**_____

Physical Address: _____ **City/State/Zip:**_____

The answers you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act.

Where is the student currently living? (*Please check* ***one*** *box.)*

- ❒ In an emergency or transitional shelter
- ❒ With another family or other person due to a loss of housing or economic hardship (sometimes referred to as "doubled-up")
- ❒ With an adult who is not a parent or guardian or alone without an adult
- ❒ In a hotel/motel
- ❒ In a car, park, bus, train, campsite, public place, abandoned building
- ❒ Other temporary living situation(Please describe): _____

←----------*If any of the above are checked please* ***sign at the bottom and go to Next Page.***----------→

❒ **Student is in permanent housing** (Please continue below if you own, rent or are residing with a district resident)

*When you registrar OR move within the Cohoes City School District, you are required to provide the school district with Proof of Residency. *Post office boxes will not be accepted*.

You must provide at least two (2) proofs from the following list

(Your name and address must be indicated on these documents and current)

***If an ROP is provided no other proof is necessary.**

If you Own	If you Rent	Reside with a district resident
❒ Tax Bill ❒ House Deed ❒ Mortgage Statement w/in 30 days ❒ Current Homeowner's Insurance ❒ Current Drivers' License ❒ Utility Bill w/in 30days ❒ A record of voter registration	❒ *Residential Occupancy Permit (ROP) Can be obtained from City Hall 518-233-2127, landlord, or a form can be signed at the time of registration. ❒ Documents issued by the federal, state or local agencies. ❒ Utility Bill w/in 30 days ❒ Lease agreement (must be signed with landlords name and phone number) ❒ Current Renter's Insurance	❒ Notarized letter from the district resident along with the resident's proof of ownership (house deed, tax bill, or mortgage statement). *A residency check will be done by a school representative as well. ----------**Office Use** ---------- **Date of HV:**_____ ❒Verified ❒Not Verified

Once this form is received by the District Registrar residency will be verified.

Print: _____**Signature:** _____Date: _____

Parent, Guardian, or Student (unaccompanied homeless youth) *Parent, Guardian, or Student*

District Registrar
Phone: (518) 237-4131 X2299
Fax: (518) 833-7009
Registrar@Cohoes.org

7 Bevan St
Cohoes, NY 12047
www.Cohoes.org

UPK Student Registration Form

Registration Date: _____

Student Information

Student's Name:_____
First *Middle* *Last*

Birth Date:_____ Age:_____ Gender: ❒ Male ❒Female Grade: UPK

Home Phone: _____

Residential Address: _____
Street *Apt# or Floor*

_____
City *State* *Zip*

Mailing Address
(if different than above):_____

Is your child toilet trained?
❒Yes ❒ No

Does your child have an IEP (Individual Education Plan)?
❒Yes ❒ No

1.) **Ethnicity** –*Check those which apply.*
❒Hispanic ❒Not Hispanic

2.) **Race** – *Check all those which apply.*
❒American Indian or Alaska Native ❒Asian
❒Black or African-American ❒White
❒Native Hawaiian or other Pacific Islander

Parent/Guardian Information

Student Resides With: ❒Parents ❒Mother ❒Father ❒Foster Parents (please attach form DSS-2999) ❒Other:_____

Are there Legal Arrangements? ❒No ❒Yes (If yes, please provide court documents) | ❒Joint Custody ❒Sole Custody ❒Temporary Custody ❒Visitation

Primary Parent/Guardian Name:_____ Relationship to child:_____ **Active Military**: ❒Yes ❒ No

Home Phone: _____Cell Phone: _____ Workplace:_____ Work Phone:_____

E-Mail Address: _____

Parent/Guardian Name: _____ Relationship to child:_____ **Active Military**: ❒Yes ❒ No

Home Phone: _____ Cell Phone:_____ Workplace:_____ Work Phone: _____

E-Mail Address: _____

Home Address (*If different than student's*):_____ **Receives Mail:** ❒Yes ❒No

Household Information

List all Children residing at residence	Gender	Birthdate	Grade	School

----------Go on to next page----------

For Office Use Only
Documents provided to the district:

❒Photo ID
❒Birth Certificate
❒Immunization Records
❒Physical
❒Dental Certificate

Proof of Residency:
❒Deed or Tax Bill ❒Cohoes Housing Authority
❒Utility bill ❒Notarized letter and home visit
❒Driver's License ❒Other _____
❒ROP ❒Signed Lease ❒STAC ❒Free/Reduced

Custody Papers:
❒DSS 2999
❒Custody

NOTES:

Student ID #_____

Grade: _____ ❒ VS ❒AL ❒ HH

Referrals: ❒CSE ❒ELL

Stamp Date: _____

Registrar Signature:_____

District Registrar
Phone: (518) 237-4131 X2299
Fax: (518) 833-7009
Registrar@Cohoes.org

7 Bevan St
Cohoes, NY 12047
www.Cohoes.org

UPK Student Registration Form

Emergency Contact

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Special and/or Medical Needs

Please check any services that your child receives:

Individualized Education Plan (IEP)	❒No ❒Yes ❒Declassified ❒I Don't Know
Occupational Therapy	❒No ❒Yes ❒Declassified ❒I Don't Know
Physical Therapy	❒No ❒Yes ❒Declassified ❒I Don't Know
Speech or Language	❒No ❒Yes ❒Declassified ❒I Don't Know
Behavior	❒No ❒Diagnosed:_____ ❒Concerns:_____
Emotional	❒No ❒Diagnosed:_____ ❒Concerns:_____

Has your child previously attended preschool? ❒No ❒Yes (If yes please list the school (s) below)

School Name	Year(s) of Attendance	Grade	City, State
		PS	

Photo Release

❒Yes ❒No I hereby grant the Cohoes City School District the absolute right and permission to use, reuse, copyright, and/or publish original student work, photographic pictures or video footage which includes/references me and/ or my children, in conjunction with an actual or a fictitious name. I understand this will be for the purpose of illustration, promotion, and public relations of school programs and may appear in printed material, video presentation, news coverage (both print and television) and/or on the district's web site.

Student Record Updates

It is very important that the school district receive updates to any of the information provided in this Student Registration Packet. Please contact the school your student is attending with new or changed information and submit the Change of Information form, which can be found at www.cohoes.org or at your child's school, with supporting documents.

PARENT CERTIFICATION AND SIGNATURE

By signing this form, I acknowledge the responsibility of providing the district with accurate information.

_____ _____ _____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date

Central Registrar
7 Bevan St
Cohoes, NY 12047
Phone: (518) 237-4131 X2299
Fax: (518) 833-7009

Student Registration Form

New York State Education Law requires all NEW ENTRANTS and students in Pre-K or K, 2nd, 4th, 7th and 10th grades to have a physical exam. The District strongly recommends that your own physician conduct your child's health physical because he/she is most familiar with your child's development. We ask that your physician use the Health Appraisal form provided by the school or their own form and have it at the time of registration or return it to the school nurse of the building your child will attend. **If a physical form from your doctor/pediatrician is not returned within 30 days, your child will have to be examined by the school physician.**

A law was recently enacted that expands health screenings to include dental health of students in New York. The school can provide a certificate for you to take to your child's dentist and once it is completed, it should be returned to the School Nurse.

***Both the Health Appraisal Form and Dental Certificate can be printed from www.cohoes.org/studentregistration.**

Thank you for your cooperation in this new health endeavor. Our students benefit when we work together to promote the health and achievement of all students.

Medical/ Health Information

Health History- If your child has had any of the following health problems or disease, please check below.

- ❒ADD/ADHD
- ❒Allergies
  - __*Animals*
  - __*Bees*
  - __*Food:*_____
  - __*Medications:*_____
  - __*Seasonal*
  - __*Other*
- ❒Anemia
- ❒Anxiety
- ❒Asthma
- ❒Bone/Joint/Muscle Problems
- ❒Blood Disorders
- ❒Cerebral Palsy
- ❒Chicken Pox
- ❒Chronic Ear Infections
- ❒Concussion, *date:*_____
- ❒Cystic Fibrosis
- ❒Depression
- ❒Diabetes
- ❒Hearing Loss
- ❒Heart Disease or Murmur
- ❒Hepatitis
- ❒Learning Disabilities
- ❒Leukemia
- ❒Lyme Disease, *date:*_____
- ❒Migraines
- ❒ Speech Problems
- ❒ Strep
- ❒Surgery/Hospitalizations: _____
- ❒Scarlet Fever
- ❒Seizure Disorders
- ❒Serious Injuries
- ❒Tuberculosis
- ❒Vision Problems
  - Last Vision Exam:_____
  - Glasses: ____Yes _____ No

Other Health Issue:_____

Comments:_____

***Please be aware that ANY medication taken in school requires a written order from a physician and written permission form a parent/guardian. (This includes over the counter/non-prescription medications)**

For the safety and wellbeing of your child, you must be accessible in the event of illness or injury. Notify the school **immediately** if any of the emergency numbers or contacts you provided change. Parents must pick up their child when the child is ill or injured. If parents are unable to do so, they must designate a responsible adult to pick up and attend to their child.

It is essential that we maintain the safety of your child while he/she is in school, especially with regard to emergency and/or chronic medical condition(s). The medical condition(s) must be confirmed in writing. Medical condition information will only be shared with staff members who interact with your child. Any written information will be kept inaccessible to maintain privacy.

Your signature below allows us to share pertinent medical information in written form (name, diagnosis, symptoms of condition, proper treatment and actions for staff to take if necessary) with school staff. Also, please indicate whether your child will be wearing Medic-Alert information.

If you have any questions or concerns, please call your child's school Health Office.

Abram Lansing: Sandra Tessier, 237-5044 Ext. 3104
Harmony Hill: Lisa Leblanc, 233-1900, Ext. 5225
Van Schaick: Rachel Marer, 237-2828, Ext. 4106
Cohoes Middle School: Cheryl Barber, 237-4131, Ext. 2111
Cohoes High School: Alexandra Beaury, 237-9100, Ext. 1410

_____ _____
Parent/Guardian Signature *Date*

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated.
Thank you.

Please write clearly when completing this section.

STUDENT NAME:		
First	*Middle*	*Last*

DATE OF BIRTH:	GENDER:
	❑ Male ❑ Female
Month *Day* *Year*	

PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to Student*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other _____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother _____ *specify*	❑ Father _____ *specify*	❑ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:		STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
Cohoes City School District (010500010000)	7 Bevan St Cohoes, NY 12047	
District Name (Number) & School	*Address*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* ☐ ***No*** ☐ ***Not sure*** ☐ ***If yes,** please explain:_____

How severe do you think these difficulties are? ❑ Minor ❑ Somewhat severe ❑ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ❑ **No** ❑ **Yes*** **Please complete 10b below*

10b. *If referred for an evaluation, has your child ever *received* any special education services in the past?
❑ **No** ❑ **Yes – Type of services received:**_____

Age at which services received *(Please check all that apply):*
❑ **Birth to 3 years (Early Intervention)** ❑ **3 to 5 years (Special Education)** ❑ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ❑ **No** ❑ **Yes**

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year:
Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ❑ **Mother** ❑ **Father** ❑ **Other:**_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ❑ NO ❑ YES

**DATE OF INDIVIDUAL INTERVIEW: _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Date Withdrew_____ **Attachment Va** F ____R _____D_____

2016-2017 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to your child's school. Call Laura Manzer at (518) 237-9100 if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name:_____ CASE #_____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).
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 income for each source in whole dollars only. If they do not receive income from any other 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 household member	Earnings from work before deductions ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

Total Household Members (Children and Adults)
☐☐

Last Four Digits of Social Security Number: XXX-XX- __ __ __ __

I do not have a SS# ☐

4. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.
I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.
Signature:_____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone:_____ Home Address:_____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official_____ **Date Notice Sent:**_____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to YOUR CHILD's SCHOOL. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school lunch office at (518) 824-2225. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

Privacy Act Statement: This explains how we will use the information you give us.
The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your 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 are not required when you apply on behalf of a foster child or you list a 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.

DISCRIMINATION COMPLAINTS

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
This institution is an equal opportunity provider.