



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)

I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

# Contact Information

Student Information:

Grade: \_\_\_\_\_

Student's First & Last Name: \_\_\_\_\_

Parent/Guardian Information:

First & Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you need access to ParentVue? YES / NO

\*Please print neatly

# Emergency Contacts

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pick Up Allowed? \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pick Up Allowed? \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pick Up Allowed? \_\_\_\_\_

\*Please print neatly



# Mohave Accelerated Schools

*"Empowering Future Leaders For Success"*

## Student Information (Please Print)

\_\_\_\_\_  
Last Name First Name Middle Name

Physical Address: \_\_\_\_\_  
Street Address City State Zip Code Home Phone

Mailing Address: \_\_\_\_\_  
Street Address or P.O.Box City State Zip Code Mother's Cell / Father's Cell

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State Country

Gender:  Male  Female Ethnicity:  Hispanic/Latino  Non Hispanic/Latino

Race:  White  Black/African American  Asian  American Indian/Alaskan  Native Hawaiian/Pacific Islander

Medical History: \_\_\_\_\_

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Is this your first time attending a school in Arizona?  Yes  No

Have you ever attended MALC/MAES before?  Yes  No If yes, when: \_\_\_\_\_

Does the student have siblings attending MALC/MAES?  Yes  No If yes, who: \_\_\_\_\_

## Previous School Information

School Last Attended: \_\_\_\_\_ Last Grade & Year: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address of Last School: \_\_\_\_\_

Reason for leaving last school:  Moved  Unhappy W School  Expelled  Suspension  Other

## Contact Information

Family Information	First & Last Name	Lives with Student?	Has Custody?	Is Contact Allowed?	Ok to Pick up?	Place of Work	Work Phone #
Mother		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Father		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stepmother		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stepfather		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Legal Guardian		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		

Parent/Guardian E-mail Address (if any) \_\_\_\_\_

Other E-mail Address(if any) \_\_\_\_\_

1st Emergency Contact Other Than Parent: \_\_\_\_\_  
First & Last Name Phone Number & Relationship

2nd Emergency Contact Other Than Parent: \_\_\_\_\_  
First & Last Name Phone Number & Relationship

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Print \_\_\_\_\_

Date \_\_\_\_\_



# Mohave Accelerated Schools

*"Empowering Future Leaders For Success"*

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_

In order to provide continuity in the educational environment, it is important that we are informed of any *Special Education Services* previously received by your child. It is also important that we have copies of special education records for your child.

1. Is your son or daughter in Special Education or have an IEP?  Yes  No
2. Was your son or daughter receiving special education services last year?  Yes  No
3. Has your son or daughter ever been in Special Education?  Yes  No
4. What is the name of the last school the student attended?

School: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

- *If you answered yes, please identify your child's special education classification:*

- |   |   |
|---|---|
| <input type="checkbox"/> Autism                         | <input type="checkbox"/> Emotional Disability         |
| <input type="checkbox"/> Hearing Impairment             | <input type="checkbox"/> Other Health Impairment      |
| <input type="checkbox"/> Mild Mental Retardation        | <input type="checkbox"/> Moderate Mental Retardation  |
| <input type="checkbox"/> Multiple Disabilities          | <input type="checkbox"/> Orthopedic Impairment        |
| <input type="checkbox"/> Severe Mental Retardation      | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Speech and Language Disability | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Visual Impairment              | <input type="checkbox"/> Other: _____                 |

- *If you answered yes, please identify what services were being provided:*

- |   |   |
|---|---|
| <input type="checkbox"/> Resource Room  | <input type="checkbox"/> Occupational Therapy     |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Self-Contained Classroom |
| <input type="checkbox"/> Behavior Plan  | <input type="checkbox"/> Physical Therapy         |
| <input type="checkbox"/> Other: _____   |   |

**\*\*To ensure continuity of services upon enrollment submit a current copy of the student's IEP for admission.\*\***

5. Does your son or daughter have a Section 504 accommodation?  Yes  No
6. If not currently receiving special services, do you believe that your child may require special services?  Yes  No

- *If yes, what service(s) could your child possibly need?* \_\_\_\_\_

**\*\*Any information falsely presented may result in the student's withdrawal from MALC/MAES\*\***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Mohave Accelerated Schools

*"Empowering Future Leaders For Success"*

## Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Has your child ever had chickenpox (please circle one answer)?

	Yes (go to #1)	No (go to #2)	Don't Recall (go to #1)
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1. Please answer the following questions (please circle on answer):

- |   |                           |    |              |
|---|---------------------------|----|--------------|
| a) Was your child in "face-to-face" contact with other children who had chickenpox? | Yes                       | No | Don't Recall |
| b) Did your child have a rash on his/her body?                                      | Yes                       | No | Don't Recall |
| c) Did the rash "itch"?   | Yes                       | No | Don't Recall |
| d) Were there blisters present?   | Yes                       | No | Don't Recall |
| e) Did "scabs" appear toward the end of the rash?                                   | Yes                       | No | Don't Recall |
| f) When did your child have chickenpox?   | _____/_____<br>Month Year |    |              |

2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot (please circle one answer)?

	Yes	No	Don't Recall
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If you circled **YES**, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.

If you circled **NO** or **DON'T RECALL**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Where you can be reached during the day): \_\_\_\_\_



# Mohave Accelerated Schools

*"Empowering Future Leaders For Success"*

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1. Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard?"

Yes  No  Decline to answer

2. Is the student a dependent of a fulltime member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)."

Yes  No  Decline to answer

3. Is the student a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)."

Yes  No  Decline to answer



## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

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2. What language does the student speak *most* of the time?

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3. What language did the student first speak or understand?

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Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)

Office of English Language Acquisition Services  
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)

## ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services. When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

### Terms and Conditions

**Acceptable use.** Each user must:

\_\_\_\_\_  
INITIALS

Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the Mohave Accelerated Learning Center (MALC).

- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations including but not limited to music and videos.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the EIS for commercial purposes.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security or content filtering systems.
- Devices may only be used to access computer files or internet sites which are relevant to the classroom curriculum.
- Students shall not record, transmit, or post photos or videos of person or persons on campus during school hours or during school activities, unless otherwise allowed by a teacher.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary.
- Understand that student's Internet activity will be filtered and monitored. The student gives up their right to privacy when using MALC devices and any device brought onto our campus.

\_\_\_\_\_  
INITIALS

**Dual Enrollment Students only.** DE students will have college level access to the Internet. They will still be held to the same standard as other students. Abusing this privilege can lead to the student not being able to finish assignments at school and possibly having to drop the DE course.

\_\_\_\_\_  
INITIALS

**Devices.** This agreement includes all devices on campus, including those brought on campus by students and staff. MALC is authorized to collect and examine any device that is suspected of causing technology problems or was the source of a network attack or virus infection. Any device collected in such a way will have the device unlocked if needed.

\_\_\_\_\_  
INITIALS

**Personal responsibility.** I will report any misuse of the EIS to the administration or system administrator, as is appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without MALC authorization.*

\_\_\_\_\_  
INITIALS

**Network etiquette.** I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others including but not limited to downloading/streaming large files, music, or videos without permission from a teacher.



- *Observe the following considerations:*
  - Strive to use correct spelling and make messages easy to understand.
  - Use short and descriptive titles for articles.
  - Post only to known groups or persons.

MALC specifically denies any responsibility for the accuracy of information. While MALC will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

**Parent or Guardian Cosigner**

As the parent or guardian of the above-named student, I have read this agreement and understand it. I understand that it is impossible for MALC to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a MALC administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS MUST BE SIGNED AND RETURNED TO SCHOOL**

**MOHAVE ACCELERATED LEARNING CENTER**  
2021-2022

***I HAVE READ AND UNDERSTAND THE RULES IN THE MALC HIGH  
SCHOOL HANDBOOK***

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**Student**

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**Parent/Guardian**

**This form, and all other enrollment forms, must be turned into the  
Administrative Offices.**

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**ESTA FORMA DEBE SER FIRMADA Y RETORNADA A LA ESUELLA**

**MOHAVE ACCELERATED LEARNING CENTER**  
2021-2022

**HE LEIDO Y ENTENDIDO EL LIBRO DE LOS REGLAMENTOS DE LA  
MOHAVE ACCELERATED LEARNING CENTER**

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**Alumno/Estudiante**

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**Padre/Guardian**

# 2021-2022 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)

Child's First Name	MI	Child's Last Name	School Name	Homeless, Foster, Migrant, Runaway Child
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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 FDIPIR? 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)

**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  1x 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?		Public Assistance/ Child Support/Alimony	Child GROSS Income	How often?		Pensions/Retirement/ All Other Income	How often?	
		Weekly	Bi-Weekly			1x Month	Monthly		Weekly	Bi-Weekly
	\$	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>

**C. 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: INSERT SCHOOL/DISTRICT MAILING ADDRESS

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

Eligibility: Free  Reduced  Denied  Date: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case # Application:  Foster Application  Directly Certified: Date of Disregard: \_\_\_\_\_

Income Application: Household Size: \_\_\_\_\_ Per:  Week  Bi-Weekly (Every 2 Weeks)  2x Month  Monthly  Annual

Total Income: \_\_\_\_\_ Date: \_\_\_\_\_

Selected For Verification: Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Defor/Prone

**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 -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 <i>outside</i> the household	A friend or extended family member <u>regularly</u> 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
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Workers Compensation</li> <li>- Supplemental Security Income (SSI)</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private Pensions or disability</li> <li>- Regular income from trusts or estates</li> </ul>
<p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)</li> </ul>	<ul style="list-style-type: none"> <li>- Cash Assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Annuities</li> <li>- Investment Income</li> <li>- Earned Interest</li> <li>- Rental Income</li> <li>- Regular cash payments from outside household</li> </ul>
<ul style="list-style-type: none"> <li>- Allowances for off-base housing, food and clothing</li> </ul>		

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.