



Bentonville Schools Nutrition Services

Welcome to Bentonville Schools Nutrition Services. We hope this letter provides all needed information regarding the meal program. If you have questions, please contact the Nutrition Services office at 479-254-5045. Visit the District website at www.bentonvillek12.org and click on Parents then Lunch Accounts to find **online application**, menu calendars and nutrition information.

Meal Prices

For the 2020-21 school year, meal prices are as follows:

<u>Meal</u>	<u>Student (K-6)</u>	<u>Student (7-12)</u>	<u>Adult</u>
Breakfast	\$2.05	\$2.05	\$2.40
Lunch	\$2.85	\$3.05	\$3.80

Free and Reduced Meal Application

This program includes meals for breakfast and lunch. Bentonville is now offering online applying. To apply online just go to lunchapp.com and select Bentonville District and follow the directions. Printable applications will be available on the Bentonville Schools website under departments and then Nutrition Services section. We will also have application at the front office at each schools.

Students not participating in the program last year will be charged full price for meals until notified by Nutrition Services by letter that an application has been approved. Families are responsible for all charges until application approval.

All applications will be processed within ten working days of receipt at the Nutrition Services office. Applications may be submitted to school cafeteria staff or the Nutrition Services office at 400 NW 2nd Street.

Food Allergies

We ask that you let us know if your child has any special dietary restrictions, and we will make every effort to accommodate your child’s needs. Nutrition Services works with Bentonville Schools nursing staff when a student is identified as having a food allergy or food intolerance. Additional documentation from your child’s physician may be required.

Point of Sale (POS) System

The POS system benefits the District and your child by allowing student to move more quickly through the lunch line. Rather than bringing money for meals each day, families may pre-pay for meals. Pre-payment is credited to the student’s account, and the student enters the lunch account number when entering the lunch line. It is helpful when students know their lunch account numbers at the start of the school year. If you wish to help your child memorize the lunch account number, you may contact your child’s teacher, registrar, or Nutrition Services at 479-254-5045 to ask for a student’s lunch number.

Account History, Balances, and Payments

You may track your child’s meal charges and balance at SendMoneyToSchool.com. This website also gives the option of sending emails when an account balance falls below an amount you select. Follow the instructions on the website to enroll. You will need your child’s ID number. The ID is the five-digit lunch number preceded by

4000. For example, if your child's lunch number is 12345, the student ID is 400012345. There is no fee for tracking meal charges, balance, or low balance emails. You may make a payment through this website, but there is a \$2.00 convenience fee for each online payment.

To avoid convenience fees, payments may be made by cash or check at the cafeteria during breakfast only at all schools. Payments collected during breakfast only is to protect our cashiers and students during the covid virus. If sending payment to school, we strongly encourage sending a check in an envelope with the child's name and lunch number clearly marked on the outside. You may send one check to pay for multiple children as long as the names and lunch numbers are listed. Checks should be made out to the school.

Account Errors

If you believe your child was charged in error, please call the Nutrition Service office at 479-254-5045. The charge will be reviewed, and you will be notified of the result of the review. Parents or guardians must call within 30 days of the date of the charge to request a review.

Meal Charge Policy

The District does not provide credit for students to charge food. Items may be purchased by either prepayment or providing payment for the items at the time of receipt.

While credit is not permitted, any student going through the line at lunch meal service will be provided with a regular meal tray regardless of the balance of the account. The meal will be charged to the student's account, and parents or guardians will be responsible for payment. Families wishing to avoid these charges when a student's account balance is not sufficient to cover the day's meal must send a lunch to school with the student.

Emails regarding balances below \$10.00 are sent each weekday. Notifications of negative balances are made by automated text/email daily and by phone calls on Wednesdays and Fridays.

Families needing assistance with paying account balances may contact the Nutrition Services Office at 479-254-5045 for questions regarding the Free and Reduced Meal Application or to set up a payment plan. For other resources, families may contact the counselor at their child's school.

Nondiscrimination Statement for Arkansas Child Nutrition Programs:

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at https://www.ascr.usda.gov/sites/default/files/USDA_OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442;

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Bentonville Public Schools** offers healthy meals every school day. Breakfast costs **2.05**; lunch costs **K-6 \$2.85 & 7-12 \$3.05**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **.30** for breakfast and **.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Supplemental Nutrition Assistance Program (SNAP)**, are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's 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 School Year 2020-2021			
Household size	Yearly	Monthly	Weekly
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

- 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 **Christie Jay @ 479-254-5026** or **cjay@bentonvillek12.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: **Mary Denny, 400 NW 2nd Street, Bentonville, AR 72712, 479-254-5045** or **mdenny@bentonvillek12org**
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Mary Denny, 400 NW 2nd Street, Bentonville, AR 72712, 479-254-5045** or **mdenny@bentonvillek12org** 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 **lunchapp.com** to begin or to learn more about the online application process. Contact **Mary**

Denny, 400 NW 2nd Street, Bentonville, AR 72712, 479-254-5045 or mdenny@bentonvillek12org if you have any questions about the online application.

6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **Sept. 24, 2020**. 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.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in 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 or writing to: **Debbie Jones, 500 Tiger Blvd., Bentonville, AR 72712. Call 479-254-5000 or e-mail: djones@bentonvillek12.org**
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.
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 **Mary Denny, 400 NW 2nd Street, Bentonville, AR 72712, 479-254-5045 or mdenny@bentonvillek12org**
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **Supplemental Nutrition Assistance Program (SNAP)**, contact your local assistance office or call **501-682-8276**.

If you have other questions or need help, call **479-254-5045**

Sincerely,
Mary Denny

Nutrition Services Manager

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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 Bentonville Public Schools. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact: Mary Denny, 400 NW 2nd Street, Bentonville, AR 72712. 479-254-5045 or mdenny@bentonvillek12.org

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP (Supplemental Nutrition Assistance Program)?

IF ANYONE IN YOUR HOUSEHOLD (INCLUDING YOU) CURRENTLY PARTICIPATES IN ONE OR MORE OF THE ASSISTANCE PROGRAMS LISTED BELOW, YOUR CHILDREN ARE ELIGIBLE FOR FREE SCHOOL MEALS.

• Tell the Supplemental Nutrition Assistance Program administrator if you are in your household. They do NOT have to be related to you to be a part of your household.

- A) If no one in your household participates SNAP:**
 Leave **STEP 2** blank and go to **STEP 3**.
- B) If anyone in your household participates in any of the above listed programs:**
- Write a case number or identified for SNAP. You only need to provide one case number. If you participate in SNAP and do not know your case number or identified, contact: 479-273-9011.
 - Go to **STEP 4**.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Bentonville Public Schools? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Bentonville Public Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.**

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, and Runaway" box next to the child's name and complete all steps of the application.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in **GROSS INCOME ONLY**. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is 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.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1.**

B) List adult household members' names. 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. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3**, if there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided 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 helps us reach you quickly if we need to contact you.

B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Write today's date. In the space provided, write today's date in the box.

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask 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.

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:
 You applied for free or reduced-meals for the following child(ren):

2020-2021 Household Application for Free and Reduced Price School Meals

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

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

Child's First Name	MI	Child's Last Name	Name of School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price

STEP 2 Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?

If NO- Go to STEP 3. If YES > Write a case number or identifier here then go to STEP 4. (Do not complete STEP 3) Write only one case number or identifier. Case Number or Identifier: _____

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

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance / Child Support/Alimony			Pensions/Retirement/ All Other Income					
	Weekly	B-Weekly	2x Month	Monthly	Weekly	B-Weekly	2x Month	Monthly	Weekly	B-Weekly	2x Month	Monthly

Child income \$ _____

How often?
 Weekly B-Weekly 2x Month Monthly

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.

Disclosure (Optional) I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1st).

STEP 4 Contact information and adult signature

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.

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed name of the adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Source of Child Income	Example (s)
Earnings from work	A child has a regular full or part-time job where they earn a regular salary or wages.
Social Security	A child is blind or disabled and receives social security benefits.
<ul style="list-style-type: none"> • Disability Payments • Survivor's Benefits 	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly give a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from state or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, 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 primary wage earner or other 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) case number or other SNAP 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 Law and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027 USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-F-orm-0508-0002-508-11-28-17FAX2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to the USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (833) 256-1665 or (202) 690-7442;
email: program_intake@usda.gov.
This institution is an equal opportunity provider.

Do not fill out For School Use Only

School use only

Total Income: _____

Per: Week Every 2 Weeks Twice a Month Month Year

Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____

Eligibility: Free Reduced Denied

Reason for denial: _____

Determining Official's Signature: _____

Determination Date: _____

2020 - 2021

Annual Income Conversion: show calculations

Weekly _____ X 52= _____

2x/month _____ X 24= _____

Every 2 wks _____ X 26= _____

Monthly _____ X 12= _____

Annual _____ X 1= _____