

Medical History--Student Name _____

Student Grade 17/18____ 18/19____ 19/20____ 20/21____ TES

Please update this medical history as it pertains to your child. If yes, please explain in comments.

YES	NO	MEDICAL CONDITION	DATE	FAMILY HISTORY		COMMENTS
				Yes	No	
		Allergy to medicine				
		Food allergies				
		Seasonal allergies				
		Asthma				
		Diabetes				
		Seizure disorder				
		Heart condition				
		Tuberculosis				
		Valley Fever				
		Kidney Disease				
		Chicken Pox (Must list month and year)				
		Attention Deficit Disorder Hyperactivity				
		Broken bones				
		Serious Injuries requiring hospitalization				
		Vision Problem: Glasses/Contacts				
		Hearing Impairment/ hearing aides				
		Surgery				
		Other				

Please list any medications that your child takes for any of the above conditions, on a daily basis, or additional information you would like the nurses to be aware of.

IF YOUR CHILD SHOULD HAVE ANY SIGNIFICANT HEALTH CHANGES PLEASE NOTIFY THE SCHOOL NURSE.

This form will remain in place as long as your child is attending Thatcher Elementary School. I have read and understand the requirements for immunizations records. It is the responsibility of the parent to update health information and to provide Thatcher Unified School District with updated immunizations or fill out an exemption form.

Parent Signature

**Medication Form
Thatcher Unified School District #4**

Student Name _____

Grade 17/18 _____ 18/19 _____ 19/20 _____ 20/21 _____ **TES**

The following are over the counter medications that we keep in the nurse's office. We may administer them if your child needs medication so that he/she may remain in school. No medication will be given without parent/guardians permission or a Physician's order. Our stock medications include topical medications, skin cleansers, eyewash, and saline solution for students with contact lenses. Please check the over the counter medications listed below that you give permission for your child to receive at school.

- | | |
|--|---|
| <p>_____ Acetaminophen (Tylenol)</p> <p>_____ Ibuprofen (Advil, Motrin)</p> <p>_____ Cepacol (sore throat lozenges)</p> <p>_____ Cough Syrup (Mucinex)</p> <p>_____ Tums/Maalox with gas relief</p> <p>_____ Saline Eye Drops</p> <p>_____ Sting Relief wipes
(for insect bites)</p> | <p>_____ Chloraseptic spray/gargle for sore throat</p> <p>_____ DiphenhydramineHCl (Benadryl) for allergies</p> <p>_____ Chlortabs for allergies (for children 12+)</p> <p>_____ Cough drops for cough/sore throat</p> <p>_____ Cramp tabs (menstrual cramps for girls 12+)</p> <p>_____ Topicals to include, antibiotic (neomycin polymyxin bacitracin) cream, anti-itch cream (benadryl cream), & cortisone cream</p> |
|--|---|

All medicines brought to school by students must be checked in at office and form filled out by parent. This form will remain in place as long as your child is attending Thatcher Elementary School.

CONSENT FOR EMERGENCY CARE

Be it known that I, the undersigned parent/guardian of the above named student, do hereby give and grant unto Thatcher School nurse, school officials, emergency medical personnel, physicians and hospital emergency personnel my consent and authorization to render medical aid or treatment to the above named student in the case of an emergency occurring during the school day or during a school-sponsored activity. I also understand and acknowledge that every attempt possible will be made to notify myself or or my family should such an emergency arise. By signing below I understand and give consent for medication and emergency care. This form is good as long as your child is enrolled at Thatcher Elementary School. **It is the responsibility of the parent to update information as needed.**

Parent/Guardian Signature

Date

THATCHER UNIFIED SCHOOLS
PROCEDURE FOR TAKING MEDICATION AT SCHOOL

When it is essential to a child's health that medications be taken during school hours:

1. The medicine must be prescribed by the child's physician and accompanied by a special medication permit or doctor's prescription to be given to the school nurse. A parent or legal guardian must sign a permission slip in the nurses' office.
2. Prescription drugs must be in the **original pharmacy container**, labeled with the physician's name, the child's name, date, medication, dose, time to be taken at school and date to be discontinued. (The parent may request the pharmacist to prepare a special container for school use.)
3. Whenever possible, the parent is asked to bring the medicine to the nurse. If this is impractical the parent may send the medication in a sealed envelope with the child.
4. Medication will be administered in the presence of the nurse, or in her absence, by the person designated by the principal.
5. Certain health problems demand that the child develop an understanding of his/her medical condition and learn to assume responsibility for self-management of medication. In these cases it is recommended that the child's doctor send written notification to the nurse so she knows what medication the child is taking and when it should be taken during the school day.

NOTE: Within three (3) days after the end of the authorized medication period or at the end of the school year, excess medication supplies may be picked up by the person who authorized the school nurse to administer the medication to a student. **Excess medication supplies not picked up shall be destroyed.**

Thatcher Unified School District Nurse's Office
TUSD

REQUIRED HEALTH INFORMATION FOR ALL STUDENTS ATTENDING THATCHER UNIFIED SCHOOL DISTRICT

The Arizona State Law applies to all students who attend public school.

REQUIREMENTS FOR SCHOOL ATTENDANCE

Every student must have proof of all required immunizations or valid exemption on file in order to attend the first day of school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity, and personal beliefs.

Every student must be immunized against Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, and Rubella, Chicken pox, Hepatitis B, and Meningococcal (required in 6-12th grades) according to Arizona Department of Health Services recommendations.

Each student's required immunization history must be presented at the time of registration and must be in compliance with Arizona State law. **Students cannot attend school without their immunization history on file.**

Immunization Law Sec. 15-871-874 states that the immunization history must have the **month, day, and year for each vaccine given with the name of the doctor or clinic.**

Diphtheria---4-5 doses with at least one dose being given at age 4 or older is required. A 6th dose is needed if 5 doses have been given before 4 years of age.

Tdap—1 Tdap dose is required for grades 6-12. A Td booster is required 10 years after the Tdap dose.

Meningococcal—1 dose is required for grades 6-12

Polio—3-4 doses. Three doses meet the requirement if the third dose was given at 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.

Measles/Mump/Rubella (MMR)—2 doses. A third dose will be required if the first dose was given before 12 months of age.

Hepatitis B—3 doses. A fourth dose will be required if the third dose was given before 24 weeks of age.

Varicella—One dose if given before 13 years of age. Two doses if first dose was given at 13 years of age or later. Students attending school prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. As of 9/01/2011 students enrolling a preschool or school for the first time are required to present proof of varicella immunization or valid exemption due to laboratory evidence of immunity, medical reasons or personal beliefs

You may obtain immunizations at your local physician's office or at the Graham County Health Department.

If you have any questions, please call the School Health Office at 928-348-7258

THATCHER UNIFIED SCHOOL DISTRICT – 2017 - 2018

Student Technology Acceptable Use Policy Agreement

Please read the following carefully before signing this document. This is a legally binding document.

I understand that, as a computer & Internet user, I am responsible for my actions and that I am responsible to act considerately and appropriately, in accordance with the following rules.

I understand that these actions are NOT permitted while using the school network, computers, or Internet access:

- use, send, display, or download offensive communication, obscene language or other media.
- harass, insult, attack, defame or cyber bully others.
- install/download software, violate copyright laws or illegally duplicate software, music or other data.
- use other users' passwords or identifiers without authorization.
- trespass in other users' files, folders, or work
- attempt to enter administrative network areas not related to specific classroom.
- intentionally misuse resources.
- attempt to bypass system protection.
- use the network for commercial use.
- intentionally damage computers, computer systems, or computer network.
- intentionally introduce a virus to a computer or a computer network.
- access or use chat rooms, inappropriate forums, or personal email, not including accounts set up by school personnel for educational purposes.
- attach a personal computing device to the TUSD network without authorization. Permission must be given by the TUSD Technology Department.
- perform any action which violates existing Board Policy or Public Law.

I will use technology including Internet access in an appropriate, responsible, and ethical manner. I will also participate in education and training on student safety with regard to safety on the Internet, appropriate behavior while online, on social networking websites, and in chat rooms, as well as cyber bullying awareness and response.

I understand that any violation of this agreement or any additional school or classroom guidelines may result in disciplinary action and/or loss of computer/Internet usage.

Student Name _____

Grade _____

Student Signature _____

Date _____

Parent Signature _____

Date _____

**THATCHER ELEMENTARY SCHOOL
FIELD TRIP PERMISSION SLIP**

I/We _____

parents/guardians of _____ hereby grant permission to Thatcher Unified School District to allow my/our child to participate in school-sponsored excursions for the current school year under the supervision of School District personnel, under the following conditions: (check one/or more)

_____ Permission is granted if school vehicles are used for transportation.

_____ Permission is granted when students walk from their school to the site of the field trip.

This permission is valid until the conclusion of the current school year.



Signature _____ **Date:** _____

**THATCHER ELEMENTARY SCHOOL
STUDENT HANDBOOK AWARENESS**

- The TES handbook is available on-line at: www.thatcherud.org through the Elementary website under News & Events section. A hard copy may be obtained through the office upon request.
- I agree to contact school personnel when I have any questions concerning school policy, procedures, or my child's progress.
- I agree to support my child in his/her efforts to be the most successful student possible.

Parent/Guardian Signature: _____



Student Signature: _____

Date: _____ **Teacher:** _____ **Grade:** _____

THATCHER ELEMENTARY SCHOOL CLOSED CAMPUS POLICY

All Thatcher Elementary School students will observe a “CLOSED CAMPUS POLICY”. During school hours all students are to remain on campus. The only exceptions are as follow:

- If a student resides within the designated are (see map below), he/she may leave campus to eat lunch at home. These students are not excused to go anywhere else but home. A completed request form (**OFF CAMPUS WAIVER-HOME**) must be on file in the office.
- Students wishing to eat lunch at the Eagle’s Roost must have a completed request form (**OFF CAMPUS WAIVER-EAGLE’S ROOST**) on file in the office.
- All students are to remain on campus, unless signed out by a parent or a signed off-campus waiver for lunch only in on file in the office. Parents must come into the office and sign their student out before they can leave campus during both instructional and non-instructional times.

Due to the implementation of this policy, parents assume full liability and responsibility for their students who leave campus. Students who have not followed one of the above listed exceptions and are found to be off campus during the school day will be subject to disciplinary action. Students found to be off campus during the school day will be treated as truant and may be referred to a court of jurisdiction for further prosecution of the school attendance law.



**THATCHER ELEMENTARY SCHOOL
OFF-CAMPUS WAIVER
HOME**

Student: _____ Date: _____

As the parent/guardian of the above named students, I give permission for this student to leave campus to eat lunch at home. I also understand that I accept full liability and responsibility for the conduct of my student while they are away from campus. I also understand that this waiver only applies for my student to eat lunch at home and then return to school. Any other activities will be in violation of the THATCHER ELEMENTARY SCHOOL OFF-CAMPUS POLICY.

(REFER TO CLOSED CAMPUS POLICY MAP)

Signature of parent/guardian

EAGLE'S ROOST

Student: _____ Date: _____

As the parent/guardian of the above named students, I give permission for this student to leave campus to eat **ONLY** lunch at the EAGLE'S ROOST and then return to school. I understand that because of it's location, an off-campus exception has been made. I also understand that I accept full liability and responsibility for the conduct of my student while they are at the Eagle's Roost. If a student is on Eagle's Roost property during the school day other than lunch they will be in violation of the THATCHER ELEMENTARY SCHOOL OFF-CAMPUS POLICY.

Signature of parent/guardian

<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>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 School Meals for more information.</p>	Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child Homeless, Migrant, Runaway	
		<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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		<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If **NO** > Go to STEP 3. If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

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.

Child income

How often?
 Weekly Bi-Weekly 2x Month Monthly

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	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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: Thatcher Unified School Dist. #4 P.O. Box 610 Thatcher, AZ 85552**

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult			Today's date	

THATCHER UNIFIED SCHOOL DISTRICT #4

Dear Parent/Guardian:

Children need healthy meals to learn. **THATCHER SCHOOLS** offers healthy meals every school day. **Breakfast costs \$1.75;** lunch costs \$2.75. **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, as well as a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE MEALS?

- a. All children in households receiving benefits from **SNAP, FDPIR (Food Distribution Program on Indian Reservations)** or **TANF**, can get free meals regardless of your income.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school's Head Start Program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children can get free or reduced-price meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Federal Eligibility Income Chart for School Year 2017-2018			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
Each additional person:	+\$7,733	+\$645	+\$149

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 THATCHER UNIFIED SCHOOLS, MATT PETERSEN, (928-348-7201).
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: **ANITA MALDONADO, THATCHER SCHOOLS, P.O. BOX 610, THATCHER, AZ 85552, P: 928-348-7205.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact **ANITA MALDONADO at 928-348-7205** immediately.
5. CAN I APPLY ONLINE?

No. Our district does not have the option to apply for free or reduced-price meals online at this time. Please contact ANITA MALDONADO, THATCHER SCHOOLS, P.O. BOX 610, THATCHER, AZ 85552, 928-348-7205 and refer to the information above to complete a paper application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through **September 21, 2017**. 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 CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **ANITA MALDONADO, THATCHER SCHOOLS, P.O. BOX 610, THATCHER, AZ 85552 P: 928-348-7205**.
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 **ANITA MALDONADO**, to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call **928-348-7205**.

Sincerely,

ANITA MALDONADO

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, audiotope, 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.

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