



Department of  
**Human Services**

# INCOME ELIGIBILITY APPLICATIONS

Child and Adult Care Food Programs

## Participant Eligibility

The purpose of participant eligibility is to determine the amount of reimbursement for each meal provided. Each participant is categorized as free, reduced, or paid and the status is based on one of the two eligibility factors noted.

### Eligibility Factors

1. Categorical Eligibility
2. Income Eligibility

### Eligibility Categories

- **Free:** The free meal category is for a participant whose household size and gross income are at or below the eligibility level for free meals according to the current guidelines; or for those who receive Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Needy Families (TANF) benefits.

The free meal category is also for foster children and children who are enrolled in Head Start.

- **Reduced Price:** The reduced-price meal category is for a participant whose household size and gross income do not meet the requirements for free meals, but who is at or below the eligibility level for reduced-price meals according to the current Income Eligibility Guidelines.
- **Paid:** The paid meal category is for any participant whose household gross income exceeds the eligibility guidelines for free or reduced-price meals, or those who are not a member of a SNAP, TANF, or FDPIR household.

Enrollees for whom no income eligibility statement (or an incomplete or incorrect statement) has been submitted are also in the paid category.

## Program Eligibility Requirements for Child Care Institutions

- Non-profit institutions do not need a certain percentage of children enrolled to be classified as free or reduced price to be reimbursed.
- All for-profit institutions must document that at least 25% of the participants enrolled or 25% of their licensed capacity are categorized as free or reduced.
- Meeting the requirement can be accomplished in 3 ways:
  1. **Enrollment** - At least 25% free and reduced
  2. **Licensed Capacity** - At least 25% free and reduced
  3. **Title XX** - At least 25% receive Title XX

## Reimbursement Rates – July 1, 2021-June 30, 2022

Centers	Breakfast		Lunch/Supper		Snacks	
Paid	\$1.67		\$3.26		\$1.00	
Reduced	\$1.97		\$3.66		\$1.26	
Free	\$1.97		\$3.66		\$1.00	
<b>Cash-In-Lieu</b>			\$2.66		\$2.66	
<b>Day Care Home</b>	<b>Tier I</b>	<b>Tier II*</b>	<b>Tier I</b>	<b>Tier II*</b>	<b>Tier I</b>	<b>Tier II*</b>
	\$1.40	\$0.51	\$2.63	\$1.59T	\$0.78	\$0.21
<b>Administrative Reimbursement Rates</b>	<b>Initial 50</b>	<b>Next 50</b>	<b>Next 800</b>	<b>Each Additional</b>		
	\$126	\$96	\$75	\$66		

\* Tier II rates for the waiver this year is reimbursed at the Tier I level.

For more information on the breakdown of reimbursement rates, visit the Federal Register page at [govinfo.gov](http://govinfo.gov).

# CACFP Meal Benefit Income Eligibility (Child Care)

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

**APPLY ONLINE:**

Insert URL Here

## STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

**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.

Child's First Name	MI	Child's Last Name

Foster Child	Migrant	Runaway	Homeless	Head Start
<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"/>	<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"/>	<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"/>	<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 FDPIR?

**IF NO >** Go to STEP 3 **IF YES >** Write case number here and proceed 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 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  Monthly  Bi-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?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month
<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 YOUR SCHOOL AT:

"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 CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State
		Zip
		Phone/Email

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

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</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> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**OPTIONAL** Children's Ethnic and Racial Identities (Optional)

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 receiving meals during care.

**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, the funds your child care center/provider receives may be impacted. 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 (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 the meal reimbursement for your child care center/provider. 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:

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

**FAX:** (202) 690-7442; or  
**EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

**\*Only use this address if you are filing a complaint of discrimination.**

**DO NOT FILL OUT** For official use only

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

Total Income	How often?				Household size	Categorial Eligibility <input type="checkbox"/>	Eligibility		
<input type="text"/>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date				

## Duration of Income Eligibility Determinations

- Update free, reduced and paid meal eligibility information annually.
- Information from the CACFP Meal Benefit Income Eligibility Form cannot be more than 12 months old.



**ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE**

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**Name of Child Care Facility**

**Instructions:** This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued by the U.S. Department of Agriculture on September 1, 2004. The Addendum will be valid for one calendar year following the date of the parent's or guardian's signature.

**Participant Name:** \_\_\_\_\_  
Last First Middle Initial

**Date of Birth:** \_\_\_\_\_  
mm/dd/yyyy

**Normal Days of Care (Circle as Appropriate):**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Normal Hours of Care during School Year:** \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

**Normal Hours of Care during Summer:** \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

**Participant Meals (Circle as Appropriate):**

Breakfast AM Supplement Lunch  
PM Supplement Supper Evening Supplement

**Parent/Guardian Name:** \_\_\_\_\_  
Last First Middle Initial

**Parent/Guardian Daytime Telephone Number:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

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**Signature of Parent/Guardian**

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**Date of Signature**



## Contact Information

### CACFP Main Telephone Line

(615) 313-4749

### CACFP Email

[cacfp.dhs@tn.gov](mailto:cacfp.dhs@tn.gov)

### Tennessee Information Payment System

<https://tndhs.cnpus.com/prod/Splash.aspx>

### CACFP-Department of Human Services

<https://www.tn.gov/humanservices/children/dhs-nutrition-programs/child-and-adult-care-food-program.html>

## Resources

- CACFP Meal Benefit Income Eligibility Form  
<https://www.fns.usda.gov/cacfp/english-meal-benefit-income-eligibility-form>  
  
[https://fns-prod.azureedge.net/sites/default/files/resource-files/Eligibility\\_Template\\_Meal\\_Benefit\\_Form%20English.pdf](https://fns-prod.azureedge.net/sites/default/files/resource-files/Eligibility_Template_Meal_Benefit_Form%20English.pdf)
- Reimbursement Rates  
<https://www.govinfo.gov/content/pkg/FR-2021-07-07/pdf/2021-14435.pdf>
- Federal Registry Update regarding Reimbursement Rates  
<https://www.govinfo.gov/content/pkg/FR-2021-07-21/pdf/C1-2021-14435.pdf>

## Non-Discrimination Statement (English)

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: [How to File a Complaint](#), 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.

## Non-Discrimination Statement (Spanish)

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, credo religioso, discapacidad, edad, creencias políticas, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o con discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] llamando al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: [How to File a Complaint](#). y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) correo: 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; o

(3) correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución es un proveedor que ofrece igualdad de oportunidades.

## Non-Discrimination Statement (Somali)

Si waafaqsan sharciga xuquuqda madaniga ah ee federaalka iyo Maraykanka. Waaxda Beeraha (USDA) shuruucda xuquuqda madaniga ah iyo xeerarka, USDA, Wakaaladaheeda, xafiisyada, iyo shaqaalaha, iyo hay'adaha ka qayb galaya ama maamulaya barnaamijyada USDA waxaa laga mamnuucay ku takooria ku salaysan isirka, midabka, asalka wadaka, galmada, naafanimada, da'da, ka aarsiga ama aargoosiga hawl xuquuq madani oo hore barnaamij kasta ama hawl ay qabatay ama maalgelisay USDA.

Dadka naafada ah ee u baahan qaab kale oo wada xidhiidh oo macluumaadka barnaamijka ah (tusaale, Farta qoraalka indhoolaha, daabacaad wayn, cajal maqal ah, Luqadda Dhegoolaha ee Maraykanka, iwm), waxaa inuu la soo xidhaadhaa Wakaalada ( Gobol ama degmo) halka ay ka soo codsadeen dheefaha. Dadka dhegoolaha ah, maqalku ku adagyahay ama leh naafo hadalka ah waxay kala soo xidhiidhi karaan USDA Is gaadhsiinta Federaalka ee Dadka Nafada ah lambarkan (800) 877-8339. Intaa waxa dheer, macluumaadka barnaamijka waxaa lagu heli karaa luqaddo kale.

Si loo soo gudbiyo takoorka barnaamijka cabashada, buuxi [Foomka Cabashada Takoortka Barnaamijka USDA](#), (AD-3027), ee onlayn laga helo [How to File a Complaint](#), iyo xafiis kasta oo USDA, ama qor warqad ku socot aUSDA oo ku bixi waraaqda dhammaan macluumaadka lagu codsaday foomka. si aad u codsato nuqul foomka cabashada ah, soo wac (866) 632-9992. U soo gudbi foomkaaga la buuxiyay ama warqadda USDA addoo adeegsanaya:

- (1) boosta: Maraykanka. Waaxda beeraha  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) iimaylka: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Hay'dani waa adeeg bixiyaha fursadda loo simanyahay

## Non-Discrimination Statement (Arabic)

لجميع برامج مساعدة التغذية FNS، يتوجب على الوكالات، سواء التي على صعيد الولاية او المحلية منها، ومستلميهم الفرعيين، ان يظهروا تصريح عدم التمييز التالي:

وفقا لقانون الحقوق المدنية الإتحادي وتوجيهات وسياسات الحقوق المدنية لوزارة الزراعة الامريكية (يو أس دي أي) (USDA)، يحضر على الـ USDA ووكالاتها ومكاتبها، وموظفيها ومؤسساتها المشاركة في، أو المدير لـ، برامج الـ USDA ان تميز بناء على العرق، لون البشرة، القومية، الجنس، المذهب العقائدي، الإعاقة، العمر، المعتقدات السياسية، أو الثأر أو الإنتقام بسبب نشاط حقوق مدنية سابق في أي برنامج او نشاط يداران أو يمolan من قبل الـ USDA.

يتوجب على الاشخاص المعاقين المحتاجين الى وسائل إتصال بديلة لمعلومات البرنامج (مثلا، لغة بريل، أحرف كبيرة الحجم،التسجيل الصوتي، لغة الاشارات الامريكية، الخ) ان يتصلوا بالوكالة في ( الولاية او المحلية) حيث يقدموا للحصول على المنافع. يمكن للاشخاص الطرش او المعانين من صعوبة في السمع او المعانين من اعاقات في الكلام الاتصال بالـ USDA عبر الاتصال بخدمة المرحل الاتحادية على هاتف 877-8339 (800). إضافة الى ذلك، يمكن توفير معلومات البرامج بلغات أخرى.

لغرض رفع شكوى برنامج ضد التمييز، أكمل ملاً [طلب شكوى التمييز من برنامج الـ USDA](#)، المرقم (AD-3027) والذي يمكن تنزيله من الانترنت على الرابط: [How to File a Complaint](#) وفي اي مكتب للـ USDA او بكتابة رسالة معنونة الى الـ USDA وزود في الرسالة جميع المعلومات المطلوبة في الطلب. لطلب نسخة من طلب الشكوى، اتصلوا على هاتف 632-9992 (866). قدم طلبك المكتمل او رسالتك الى الـ USDA عبر:

(1) البريد: وزارة الزراعة الامريكية  
مكتب مساعد الوزير للحقوق المدنية

Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) بالفاكس: على هاتف 690-7442 (202)؛ أو

(3) البريد الالكتروني: [program.intake@usda.gov](mailto:program.intake@usda.gov)

هذه المؤسسة توفر التكافؤ في الفرص