

Student Registration

Barker Central School now offers central registration for all new students. **Please contact Mrs. Kirsty Pagan, our Central Registrar, to schedule an appointment to complete the registration process and for any questions.** Mrs. Pagan may be reached by email: kpagan@barkercsd.net and by calling: 716-795-9260. Her office is located in our Guidance Office in the Jr./Sr. High School. Student registrations will occur during the following hours and by appointment only:

Monday - Friday, 9:00 AM - 3:00 PM

Parents must complete the Student Registration Form (available at the bottom of this page, as a .pdf) to begin this process. Please print this form and complete it as it will help expedite this process.

The following information is required to enroll your child:

- Proof of age
- Proof of residency (two forms)

Two proofs of residency are required. Examples of acceptable proofs of residency are:

- Current utility bill
- House deed
- Tax bill
- Current rental/lease agreement
- Automobile insurance
- Driver's license

If you have any questions regarding the registration process, please contact the Central Registrar's office.

Student Registration Packet

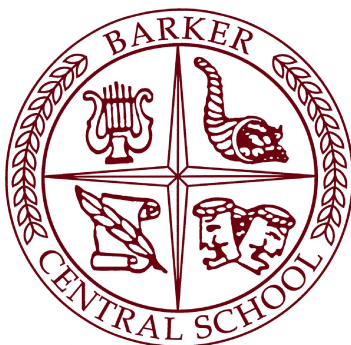
Required Documents

Student Registration Form

Authorization for Release of Information from Previous School

Home Language Questionnaire

Computer Usage Form/Technology Agreement



Barker Central School
1628 Quaker Rd, Barker NY 14012

Student Registration

PreK through Grade 12
Jr./Sr. High School Guidance Office
Email: kpagan@barkercsd.net
Phone: 716-795-9260
Fax: 716-795-9665

DOCUMENTS REQUIRED TO REGISTER YOUR CHILD:

1. Birth Certificate
2. Proof of Residency (2 forms required)
 - Current utility bill
 - House deed
 - Tax bill
 - Current rental/lease agreement
 - Driver's license
 - Automobile insurance
3. Immunization Record
4. Residential custody/guardianship papers if applicable

ADDITIONAL DOCUMENTS WOULD BE HELPFUL

1. Most recent report card or transcript
2. Grades to date if entering during the school year

FORMS TO BE COMPLETED

1. Student Registration
2. Emergency Information Card
3. Release Form (with full address of previous school attended)
4. Home Language Questionnaire
5. Computer Usage Form/Technology Agreement
6. Free/Reduced Meal Application Form if applicable

Note: When there are unusual circumstances, such as a child living with a non-parent or non-custodial parent, you may be asked to fill out additional forms to be notarized and brought in at time of registration.

**ALL MATERIALS WILL BE SUBMITTED TO THE COUNSELOR AND
PRINCIPAL FOR APPROVAL BEFORE REGISTRATION IS COMPLETE.**



BARKER CENTRAL SCHOOL STUDENT REGISTRATION FORM

☐ Former BCS student
☐ GED
☐ Outside District placement

☐ Previously attended NYS school

Previous school: _____

STUDENT INFORMATION

Registration Date _____ Entry Date _____ Student ID # _____ Grade _____

Student _____
Last First Middle Name to be Used

DOB _____ Place of Birth _____ Street _____
(city/state/province/region/country)

☐ Male ☐ Female ☐ Migrant ☐ Immigrant

PO Box/ Apt # _____

City _____

Zip _____ Bus # _____

☐ Niagara County ☐ Orleans County

Phone # _____

Teacher/Counselor _____ Cell Phone # _____

PARENT/GUARDIAN INFORMATION (in the household address above)

DOCUMENTATION (copies attached)

1 _____
Salutation First MI Last ☐ parent ☐ step-parent ☐ guardian
☐ foster ☐ adoptive parent

Employer _____
(work phone) _____

2 _____
Salutation First MI Last ☐ parent ☐ step-parent ☐ guardian
☐ foster ☐ adoptive parent

Employer _____
(work phone) _____

- ☐ Birth certificate (**required**)
- ☐ Proof of residency * (**required**)
- ☐ Custody (district or legal)
- ☐ Immunization (**required**)
- ☐ Academic
- ☐ Current schedule
- ☐ Current report card
- ☐ CSE/504 (**contact SE Dept**)
- ☐ DSS 2999 (**foster child-bus. office**)

* rent receipt, utility/tax bill, deed, lease agreement, certificate of occupancy, notarized letter

Do you want a duplicate mailing sent? ☐ Yes ☐ No Name _____

☐ parent ☐ step-parent ☐ guardian ☐ foster ☐ _____ Address/PO _____

Phone _____ City, State, Zip _____

OTHER CHILDREN/SIBLINGS (living in the household)

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL INFORMATION

Transferred From _____ Records Requested _____ Date _____

Contact Person _____ Records Received _____ Date _____

Address _____ ☐ Academic ☐ Health

City, State, Zip _____ School Phone _____

Has student been scheduled for: **self-reported**
counseling ☐ Yes ☐ No
remediation ☐ Yes ☐ No
speech ☐ Yes ☐ No
OT/PT ☐ Yes ☐ No
free/reduced ☐ Yes ☐ No

Does student play a musical instrument? ☐ Yes ☐ No
Is a language other than English spoken at home? ☐ Yes ☐ No
If so, language spoken _____
Home language questionnaire must be completed (**contact ESL/ELL**)
National Honor Society ☐ Yes ☐ No

I further acknowledge that I am a legal resident of the Barker Central School District and the above named student will reside with me permanently at the above address.

Parent/Guardian Signature _____ Date _____

Principal's Signature _____ Date _____



BARKER CENTRAL SCHOOL PRE K INFORMATION FORM

PRE K INFORMATION

Where did your child attend Pre K? _____

May we contact them? ☐ Yes ☐ No

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____



BARKER CENTRAL SCHOOL HOUSING QUESTIONNAIRE

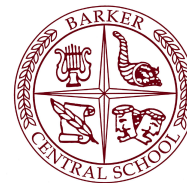
CURRENT STUDENT HOUSING

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

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship
(sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____



Barker Jr./Sr. High School

1628 Quaker Road, Barker, New York 14012-0328

Guidance Office: 716-795-9260

Fax: 716-795-9665

Audra Lakeman 7 – 9 School Counselor
Michael Gendrue 10 – 12 School Counselor

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my previous school

(school/name)

(address)

(city, state, zip)

To release information on _____
(last, first, middle name)

Whose date of birth is _____ and is in grade _____

To: Guidance Office
Barker Jr./Sr. High School
1628 Quaker Road Barker, NY 14012

Records to be forwarded:

- ___ Attendance
- ___ Academic transcripts/report cards
- ___ Grades-to-date (if applicable)
- ___ Home Language Questionnaire (HLQ)
- ___ Science Labs (if applicable)
- ___ Test records
- ___ Discipline
- ___ CSE (IEP, psychological, etc)
- ___ Health/immunization record
- ___ Key to grading
- ___ Graduation requirements
- ___ Birth certificate

(parent/guardian signature)

(counselor signature)

(date)



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

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

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION: Barker Jr/Sr High School

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

401301/04003

1628 Quaker Rd, Barker, NY 14012

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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

Yes* No Not sure

☐ ☐ ☐ *If yes, please explain: _____

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

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

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

☐ No ☐ Yes – Type of services received: _____

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

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

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

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

Signature of Parent or of Person in Parental Relation

Month: Day: Year:

Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

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

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

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

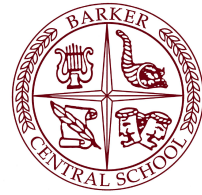
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Barker Central School

1628 Quaker Road, Barker, NY 14012-0328

Phone: 716-795-3201

Michael Carter, Barker Principal



Office 365 ProPlus Student Advantage, Google Education & Schoology Account Creation Agreement

The Barker Central School District may provide Office 365 ProPlus and Google Education accounts to all students in grades 1 through 12. Students will be able to utilize the accounts while in school or on another device that has Internet connection. They will also be able to use some of the tools offline. Please see information provided in the Parent Information document.

As a school district, which operates under the Family Educational Rights and Privacy Act (FERPA), we are responsible for obtaining parental consent for the students' use of an Online Service for any student under 18 years of age.

Please indicate that you give permission for your child to have access to Office 365 ProPlus - Student Advantage, Google Education & Schoology through the creation of accounts.

_____ Yes, I give permission to create accounts for my child.

_____ No, I do not give permission to create accounts for my child.

Please sign below to indicate you have read and agree to the terms of this form. Return this form to your child's homeroom teacher or school office.

Print Student name: _____

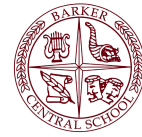
Print Student ID Number: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Office 365 Pro Plus - Student Advantage Parent Information



What is Office 365 Pro Plus and why does my child have this?

Office 365 ProPlus is an online software program that provides students with access to Microsoft Office Applications for their personal use in the public cloud. The full version of Microsoft Office on the PC and Mac are available for of/line use.

This is offered to students at no additional charge because the Barker Central School District pays for faculty and staff licenses through the Microsoft EES program.

Office ProPlus includes:

- *Office 365 ProPlus for PC (Office 2013 base applications)*
- *Office 365 ProPlus for Mac (Office 2011 for Mac base applications)*
- *Office for iPad*

Each student receives a license that allows him or her to run Microsoft Office on up to 5 machines: PC, Mac, mobile devices and tablets.

What applications come with Office ProPlus for PC (2013)?

Word, Excel, PowerPoint, OneNote, Access, Publisher, Outlook, Lync, InfoPath

What applications come with Office ProPlus for Mac (2011)?

Word, Excel, PowerPoint, Outlook

How does my child access Office 365?

The account is tied to a valid Office 365 login for students and is required to enable any of the Office ProPlus features. The district will set up this login with parental permission.

How long can my child access this?

They have access until they graduate or stop attending the school district.

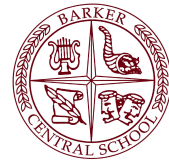
How will my child understand how to use Office 365 ProPlus?

They may use this in class or at home. They will be provided the login information.

What if something goes wrong while they are using Office 365 ProPlus?

They can access the Microsoft help info, contact a teacher or the Barker Central School Technology Department.

BARKER CENTRAL SCHOOL
1628 Quaker Road
Barker, NY 14012



Dear Parent:

In order to complete your child's health record card, we need the information listed below. We trust that you will be pleased to cooperate with us in this matter, and what you tell us will be held in confidence.

Name of Child: _____ Address: _____

Date of Birth: _____ Birthplace: _____

Physician: _____ Physician's Phone: _____

Mother: _____ Address: _____

Father: _____ Address: _____

Parent/Guardian Signature: _____ Telephone: _____

DISEASE HISTORY OF CHILD

Please circle if your child has had the disease, giving the year when possible under "Date".

	Date		Date
Chicken Pox	_____	Kidney Disease	_____
Measles	_____	Heart Disease	_____
German Measles	_____	Pneumonia	_____
Mumps	_____	Tuberculosis	_____
Diphtheria	_____	Whooping Cough	_____
Tonsillitis	_____	Rheumatic Fever	_____
Scarlet Fever	_____		
<u>Allergies or Asthma:</u>		<u>Operations:</u>	
_____		Tonsillectomy	_____
_____		Serious injury or illness:	_____
_____			_____

PREVENTIVE AND CONTROL MEASURES

A COPY OF YOUR CHILD'S IMMUNIZATION RECORD IS REQUIRED
BEFORE ENTRANCE INTO BARKER CENTRAL SCHOOL

Younger siblings at home:

Name:

Birth Date:

Date Withdrew _____

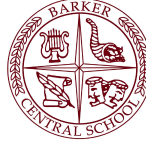
F ____ R ____ D ____

2019-2020 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **716-795-3347**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to:

Barker Central School
Attn: Julie Fuerch
1628 Quaker Rd
Barker NY 14012



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

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<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"/>

2. SNAP/TANF/FDPIR Benefits:

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

Name: _____ CASE #: _____

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

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX- ____ - ____

I do not
have a
SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or LatinoRace (Check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island ☐ White**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY****Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**

Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster☐ Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to **Barker Central School Attn Julie Fuerch 1628 Quaker Rd Barker NY 14012**.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: **716-795-3347**. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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

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

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDIPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

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

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

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

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

USE OF INFORMATION STATEMENT

Use of Information Statement: 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.