FREQUENTLY ASKED QUESTIONS ABOUT THE EDUCATION AND NUTRITION BENEFITS WITH THE MICHIGAN SCHOOL MEALS PROGRAM

Dear Parent/Guardian:

Our school serves healthy meals each day. For school year 2026-27, we are joining the Michigan School Meals program. This means all students can get one free breakfast and one free lunch free of charge at school each day.

You do not need to fill out an application to get these free meals. However, completing the Education and Nutrition Benefits Application is still very important. Your child may qualify for other benefits, like lower fees at school. Your application can also help the school receive important funding, discounts, and other support programs.

1. WHO CAN GET ADDITIONAL EDUCATION BENEFITS?

- Children in households that get benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) are eligible.
- Foster children who are under the legal care of a foster agency or court are eligible.
- Children in the Head Start program are eligible.
- Children who meet the definition of homeless, runaway, or migrant are eligible.
- Children may also get education benefits if your household income is within the limits of the Federal Income Eligibility Guidelines on the chart.

FEDERAL INCOME ELIGIBILITY CHART for School Year 2026-2027

Household Size	Annually	Monthly	Weekly
1	29,526	2,461	568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each additional person:	10,508	876	203

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?

   Think about the following questions:

   - Does your family not have a permanent place to live?
   - Are you staying in a shelter, hotel, or other temporary place?
   - Does your family move from place to place during certain seasons for work?
   - Are there children living with you who left their previous home on their own?

   If you think any children in your home fit these descriptions and you have not been told that they will get free meals, please call or e-mail our homeless liaison, Nicole Lusk at 810-626-2224.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one application for all students in your household.* We cannot approve your application if it is not complete, so make sure to fill in all required information. Return the completed application to: Student Nutrition, Hartland Consolidated Schools, 10632 Hibner Road, Hartland, MI 48353 or it may be returned to your student's school building.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED THROUGH DIRECT CERTIFICATION? No. But make sure to read the letter carefully and follow the instructions. If any children in your household were not listed on the eligibility letter, contact Student Nutrition at 810-626-2868 right away.
5. CAN I APPLY ONLINE? Yes! If you can, it's best to fill out the online application instead of the paper one. The online form asks for the same information and has the same requirements. Go to https://sisweb.resa.net/MISTAR/Hartland/ to get started or to learn more about how to apply online. Contact Student Nutrition at 810-626-2868 if you have questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Yes. Your child's application only lasts for that school year and the first few days of the new school year, until 10/1/2026. You must send in a new application unless the school has told you that your child is already approved for this 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, you will not receive extra education benefits, and your school could lose important funding.
7. I GET WIC. DO I NEED TO COMPLETE AN APPLICATION? Children in households that receive WIC may still qualify for other benefits. Please submit an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may ask you to send written proof of the 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 if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should first talk with school officials. You can also ask for a hearing by calling or writing to: Rachel Bois, CFO, Hartland Consolidated Schools, 9525 Highland Road, Howell, MI 48843 or by calling 810-626-2100.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOULD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply.
12. WHAT IF MY INCOME CHANGES FROM MONTH TO MONTH? Write down the amount you normally get. For example, if you usually make $1000 a month but last month you made $900 because you missed work, write $1000. If you normally get overtime, include it. If you only get overtime once in a while, do not include it. If you lost your job or your hours or pay were reduced, list 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 <u>also</u> be counted as zero. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
14. WE ARE IN THE MILITARY; DO WE REPORT OUR INCOME DIFFERENTLY? You must report your basic pay and any cash bonuses as income. If you get cash allowances for off-base housing, food, or clothing, you must include those too. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance. Any combat pay you get because of deployment should also *not* be included as income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? If you run out of space, write the names of additional household members on another piece of paper and attach it to your application. You may also contact Student Nutrition at 810-626-2868 to get a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE CAN APPLY FOR? To learn how to apply for the Food Assistance Program (FAP) or other types of help, contact your local assistance office at https://newmibridges.michigan.gov/.

If you have other questions or need help, call 810-626-2868.

Sincerely,

Student Nutrition, Hartland Consolidated Schools

HOW TO APPLY FOR EDUCATION AND NUTRITION BENEFITS WITH THE MICHIGAN SCHOOL MEALS PROGRAM

Please use these instructions to help you fill out the application for Education and Nutrition Benefits with the Michigan School Meals Program. You only need to submit one application per household, even if your children attend more than one school in Hartland Consolidated Schools. The application must be filled out completely to certify your children for education benefits, including Summer EBT. 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 Hartland Schools Student Nutrition Office at 810-626-2868 or SandraEnderle@hartlandschools.us

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Hartland Consolidated Schools regardless of age.

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 Hartland Schools? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Hartland 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, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now to prevent the school district from potentially needing to contact you later

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

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:

- The Supplemental Nutrition Assistance Program (SNAP) or Food Assistance Program (FAP).
- Temporary Assistance for Needy Families (TANF) or Family Independence Program (FIP).
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- 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 for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your MDHHS caseworker.

  Go to **STEP 4**.

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

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) **List 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)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

C) Report earnings from work. List 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. Net income is your income after taxes and deductions have been subtracted.

- ***What if I have multiple jobs?*** *List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.*
- ***What if I am self-employed?*** *List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.*

D) List income from public assistance/child support/alimony. List 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) List income from pensions/retirement/all other income. List all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

F) List 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 Social Security Number."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

An adult member of the household must sign the application. 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 and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail Completed Form to: Hartland Consolidated Schools, Student Nutrition Department, 10632 Hibner Road, Hartland, MI 48353 or drop off at your student's school building.

Optional

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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility will be delayed.

2026-2027 Education and Nutrition Benefits

Apply online: https://sisweb.resa.net/MISTAR/Hartland/

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

STEP 1: List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need more space for names

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

	Child's First Name	MI	Child's Last Name	Student? Yes	Student? No	School	Grade	Foster Child	Homeless Migrant, Runaway
1)				☐	☐			☐	☐
2)				☐	☐			☐	☐
3)				☐	☐			☐	☐
4)				☐	☐			☐	☐
5)				☐	☐			☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2: Do any Household Members (including you) currently participate in: SNAP, TANF, or FDPIR?

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: List ALL household members and income for each member (before taxes and deductions). 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 children listed in STEP 1 here.

Child Income $ _____ How Often? Please put an X: Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐ Annually ☐

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 and deductions) 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.

PLEASE PRINT

	Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Annually	Public Assistance/ Alimony/Child Support	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Annually	Pensions/Retirement/ All Other Income	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Annually
1)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
2)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
3)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
4)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
5)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member (if Applicable) ____ ____ ____ ____ Check if no SSN ☐

STEP 4: Contact information and adult signature. RETURN COMPLETED FORM TO: Hartland Student Nutrition, 10632 Hibner Road, Hartland, MI 48353

"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 (confirm) 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 _____ Phone (Optional) _____ Email (Optional) _____

Printed Name of Adult Signing Form _____ Signature of Adult _____ Today's Date _____

SOURCES AND EXAMPLES OF INCOME: for additional information in income, please refer to the instructions that accompany this application.

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	A child is blind or disabled and receives Social Security Benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Sources of Adult Income	Examples
Earnings from work	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
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

OPTIONAL: Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ 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

Use of Information Statement: The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination: In accordance with federal civil rights 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, 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 USDA Program Discrimination Complaint Form (https://www.usda.gov/sites/default/files/documents/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

(1) by: 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: (833) 256-1665 or (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Do not mail applications to this address, only complaints of discrimination**

DO NOT FILL OUT: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income: $_____ (Weekly) $_____ (Bi-Weekly) $_____ (2x Month) $_____ (Monthly) $_____ (Annual) **Household Size:** _____ **Categorical Eligibility:** _____ **Eligibility:** _____ (Free) _____ (Reduced) _____ (Denied)

_____ Determining Official's Signature _____ Date

_____ Confirming Official's Signature _____ Date

_____ Verifying Official's Signature _____ Date

Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Education and Nutrition Benefits application with the Michigan School Meals Program, your child may qualify for other programs. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

Yes! **I DO** want school officials to share information from my Education and Nutrition Benefits application for Michigan School Meals Program with:

- ☐ Pay to Participate (Athletics and Clubs).
- ☐ Programs that provide food support (weekend backpacks, holiday meals, etc.).
- ☐ Programs that provide field trip support (reduced rates or scholarships for field trips).
- ☐ Programs that provide school supplies or assist with school fees (filled backpacks and supplies from the requested supply list, testing fees).
- ☐ Programs that provide holiday support (meals, holiday gifts, opportunity for children to shop for gifts at no cost).

If you check "Yes" to any or all of the boxes above, please fill out form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Printed Name: _____ Address: _____

Signature of Parent/Guardian: _____Date: _____

For more information, you may call Student Nutrition at 810-626-2868.

USDA Nondiscrimination Statement

In accordance with federal civil rights 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, 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: USDA Program Discrimination Complaint Form, 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:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

Return this form to: *Student Nutrition, Hartland Consolidated Schools, 10632 Hibner Road, Hartland, MI 48353 or send into your student's school building.*