



## FFY 2024 (October 1, 2023 – September 30, 2024) Pricing Program Addendum - Child Care Component

In order to be approved to charge separate fees for meals served, your agency must agree to the requirements (A-G) specified within this Pricing Program Addendum for providing Free and Reduced-price meals to children. Fully complete this addendum by following the instructions below. Upload the completed Pricing Program Addendum (in its entirety - pages 1-3 with Attachments I-V) on the Program Uploads page of your contract.

### Instructions

Review all of the Institution's responsibilities listed within the Pricing Program Agreement on pages 1, 2, and 3.

#### Page 1:

- ✓ List the Institution's full legal name and agency code
- ✓ In D, list the full name, title, and office address of the individual designated as the Determining Official for making the eligibility determinations of the *Household Size-Income Statements (HSIS)* (Attachment III).

#### Page 2:

- ✓ In E, list the full name, title, and office address of the individual designated as the Hearing Official for overseeing appeals submitted by households that disagree with the Determining Official's eligibility determination of their HSIS. The Hearing Official cannot be the same individual as the Determining Official.
- ✓ In G, describe the Institution's anonymity procedures for protecting the children's eligibility determinations from overt identification within the methods used to collect payment for Reduced-price and full-charge meals and to account for the number of Free, Reduced-price, and full-charge (Non-needy) meals served.

#### Page 3:

- ✓ The Institution's authorized representative must sign and date to certify its agreement to the requirements.

### Attachments I – V:

#### Attachment I – *Household Size-Income Scale*

Use for making Free and Reduced eligibility determinations based on household size and income information submitted on the *HSIS*.

#### Attachment II – *Household Letter*

List the following information in the grayed spaces on the *Household Letter* before distributing to households:

- Agency's name
- Meal charges to Non-needy children for lunch/supper, breakfast and snack
- Meal charges to children determined as eligible for Reduced-price meals, for lunch/supper, breakfast, & snack
  - Refer to B on page 1 for the maximum \$ amount that may be charged for Reduced-price meals
- Signature of agency representative

#### Attachment III – *Household Size Income Statement (HSIS)*

Distribute with the *Household Letter* to households of all enrolled children, to be completed/returned for determining whether they are eligible to receive Free or Reduced-price meals.

#### Attachment IV – *Notification Letter of Eligibility Determination for Free or Reduced-price Meal Benefits*

Once the eligibility has been approved by the Determining Official, complete the letter by listing:

- Current date and name of the household member
- HSIS eligibility determination
- Reduced-price meal charges if determined as Reduced
- If determined as Non-needy, the reasons for not being eligible as Free or Reduced
- Hearing Official's name and phone number, as is designated in section E on page 2 of this Addendum
- Signature of agency representative

#### Attachment V – *Hearing Procedures*

Complete the *Hearing Procedures* by listing the Hearing Official's name, address, and phone number in #1 and #3.

- Give the *Hearing Procedures* with the *Notification Letter of Eligibility Determination for Free or Reduced-price Meal Benefits* to households determined as Reduced or Non-needy.



**FFY 2024 (October 1, 2023 – September 30, 2024)  
Pricing Program Addendum - Child Care Component**

Agency Code: \_\_\_\_\_

The \_\_\_\_\_  
(List full legal name of Institution)

has accepted the responsibility for providing Free and Reduced-price meals to eligible children enrolled for child care in its centers.

The Institution assures the Wisconsin Department of Public Instruction (DPI) that the Institution will uniformly implement the following requirements when charging households a separate fee for meals served to their children:

**In fulfilling its responsibilities, the Institution:**

- A. Agrees to serve Free meals to children from households with income at or below income eligibility guidelines listed on the *Household Size-Income Scale* (Attachment 1) that qualify them within the Free eligibility category or that receive benefits from Wisconsin Works Programs, FoodShare WI, or FDPIR.
- B. Agrees to serve meals at a Reduced-price to children from households with income at or between the income eligibility guidelines listed on the *Household Size-Income Scale* (Attachment 1) within the Reduced-price eligibility Category.

**The Reduced price charged must not exceed:**

- \$0.30 for breakfast
- \$0.40 for lunch or supper
- \$0.15 for snacks

- C. Agrees to use the *Household Letter* (Attachment II), the *Household Size-Income Statement (HSIS)* (Attachment III), the *Notification Letter of Eligibility Determination for Free or Reduced-price Meal Benefits* (Attachment IV), and the *Hearing Procedures* (Attachment V) to meet the distribution, collection, and notification requirements specified in this Addendum. If choosing to modify, in any way, any of these attachments, the Institution will submit such modified documents to DPI for approval prior to using them.
- D. Agrees to annually distribute both the *Household Letter* (Attachment II) and the *HSIS* (Attachment III) to the households of all enrolled children. Households may return completed *HSIS* to the Institution, at any time during the year, for potential eligibility to receive Free or Reduced-price meals. Households of newly enrolled children will be given both the *Household Letter* and *HSIS* when starting at any time during the year. If a child transfers from one center to another under the same Institution, their eligibility for Free or Reduced-price meals will be transferred to the receiving center.

**Institution's Designated Determining Official**

The Institution agrees to designate the following individual as the Institution's Determining Official responsible for reviewing all submitted <i>HSIS</i> to make eligibility determinations using the criteria outlined in this Addendum:		
<i>(Determining Official's Full Name)</i>	<i>(Title)</i>	<i>(Address)</i>

The Institution will:

- ✓ Request households to return completed *HSIS* to its Determining Official for review and making eligibility determinations.
- ✓ Use the *Notification Letter of Eligibility Determination for Free or Reduced-price Meal Benefits* (Attachment IV) to inform the households in writing of their *HSIS* eligibility determination.
- ✓ Include the reasons for a Non-needy or Reduced eligibility determinations on the *Notification Letter of Eligibility Determination for Free or Reduced-price Meal Benefits* (Attachment IV) along with the *Hearing Procedures* (Attachment V).



- E. Agrees to use the *Hearing Procedures* (Attachment V) for households to appeal the Determination Official's eligibility determination, challenge to the validity, and/or verification review results of the information submitted on their *HSIS*. Their child(ren) will continue to receive Free or Reduced-price meals during the appeal and hearing.

Prior to initiating the hearing procedure, the household or the Institution's Determining official may request a conference to discuss, present, and obtain further information for the data submitted on the *HSIS* and eligibility determination in question. Such a conference will not in any way prejudice or diminish the household's right to a fair hearing.

**Institution's Designated Hearing Official**

The Institution agrees to designate the following individual not involved in making eligibility determinations as the Institution's Hearing Official:		
<i>(Hearing Official's Full Name)</i>	<i>(Title)</i>	<i>(Address)</i>

- F. Agrees to maintain all documentation related to children's eligibility determinations, including all collected *HSIS*, copies of their respective *Notification Letter of Eligibility Determination for Free or Reduced-price Meal Benefits*, and records related appeals (including challenges and their disposition) for three (3) years after the end of the Federal Fiscal Year (FFY) to which they pertain (FFY is October 1 through September 30.)
- G. Agrees to establish anonymity procedures that protect the identity of children receiving Free and Reduced-price meals from other children and their families when collecting payment for Reduced-price and full-charge meals and accounting for the number of Free, Reduced-price, and full-charge (Non-needy) meals served.

**Payment Collection Anonymity Procedures**

Describe how the Institution will collect payment for meals and snacks from households of children while assuring no overt identification of children's eligibility determinations. Include the frequency of this collection:

**Meal Accountability Anonymity Procedures**

Describe how the Institution will account for the number of Free, Reduced-price, and full-charge (Non-needy) meals served while assuring no overt identification of children's eligibility determinations during meal service and when meal counts are taken:



FFY 2024 (October 1, 2023 – September 30, 2024)  
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**Verification Requirements by the State Agency (DPI)**

DPI is required to complete verification reviews on a random sample of no less than 3 percent of *HSIS* with Free and Reduced eligibility determinations during Program reviews of Institutions operating under Pricing Program Addendums and furthermore may request for the Institution’s assistance in the verification process.

**The following attachments are part of this Addendum:**

- Attachment I- *Household Size-Income Scale* (Effective July 1, 2023 to June 30, 2024)
- Attachment II- *Household Letter* for the CACFP Pricing Program (Effective July 1, 2023 to June 30, 2024)
- Attachment III- *Household Size-Income Statement (HSIS)* (Effective July 1, 2023 to June 30, 2024)
- Attachment IV- *Notification Letter of Eligibility Determination for Free or Reduced-price Meal Benefits*
- Attachment V- *Hearing Procedures*

The USDA Income Eligibility Guidelines (IEGs) listed on the enclosed *Household Size-Income Scale* (Attachment I) and the *Household Letter* (Attachment II) are valid from July 1, 2023- June 30, 2024.

- References to Attachments I-III within this Addendum include those that are effective as of July 2023, which are currently enclosed within this Addendum, as well as the updated documents that will take effect July 2024, upon release within a separate notification during that month.

This Addendum is valid from October 1, 2023 (or DPI’s approval date if new after 10/1/2023) through September 30, 2024.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date Mo./Day/Yr.

## Household Size-Income Scale: July 1, 2023 to June 30, 2024

### FREE

The participant(s) may be determined as “Free” on their Household Size-Income Statement (HSIS) if the HSIS is fully complete and the total reported household income is at or below the amount on this table for the specific household size.

Household Size	Yearly \$	Monthly \$	Twice per Month \$	Every Two Weeks \$	Weekly \$
1	\$ 18,954	\$1,580	\$790	\$729	\$365
2	\$ 25,636	\$2,137	\$1,069	\$986	\$493
3	\$ 32,318	\$2,694	\$1,347	\$1,243	\$622
4	\$ 39,000	\$3,250	\$1,625	\$1,500	\$750
5	\$ 45,682	\$3,807	\$1,904	\$1,757	\$879
6	\$ 52,364	\$4,364	\$2,182	\$2,014	\$1,007
7	\$ 59,046	\$4,921	\$2,461	\$2,271	\$1,136
8	\$ 65,728	\$5,478	\$2,739	\$2,528	\$1,264
For Each Additional Household Member add:	+\$ 6,682	+\$557	+\$279	+\$257	+\$129

### REDUCED-PRICE

The participant(s) may be determined as “Reduced-Price” on their Household Size-Income Statement (HSIS) if the HSIS is fully complete and the total reported household income is at or between the amounts on this table for the specific household size.

Household Size	Yearly \$	Monthly \$	Twice per Month \$	Every Two Weeks \$	Weekly \$
1	\$18,954.01 & \$ 26,973	\$1,580.01 & \$2,248	\$790.01 & \$1,124	\$729.01 & \$1,038	\$365.01 & \$519
2	\$ 25,636.01 & \$ 36,482	\$2,137.01 & \$3,041	\$1,069.01 & \$1,521	\$986.01 & \$1,404	\$493.01 & \$702
3	\$ 32,318.01 & \$ 45,991	\$2,694.01 & \$3,833	\$1,347.01 & \$1,917	\$1,243.01 & \$1,769	\$622.01 & \$885
4	\$ 39,000.01 & \$ 55,500	\$3,250.01 & \$4,625	\$1,625.01 & \$2,313	\$1,500.01 & \$2,135	\$750.01 & \$1,068
5	\$ 45,682.01 & \$ 65,009	\$3,807.01 & \$5,418	\$1,904.01 & \$2,709	\$1,757.01 & \$2,501	\$879.01 & \$1,251
6	\$ 52,364.01 & \$ 74,518	\$4,364.01 & \$6,210	\$2,182.01 & \$3,105	\$2,014.01 & \$2,867	\$1,007.01 & \$1,434
7	\$ 59,046.01 & \$ 84,027	\$4,921.01 & \$7,003	\$2,461.01 & \$3,502	\$2,271.01 & \$3,232	\$1,136.01 & \$1,616
8	\$ 65,728.01 & \$ 93,536	\$5,478.01 & \$7,795	\$2,739.01 & \$3,898	\$2,528.01 & \$3,598	\$1,264.01 & \$1,799
For Each Additional Household Member add:	+\$ 6,682.01 & +\$ 9,509	+\$557.01 & +\$793	+\$279.01 & +\$397	+\$257.01 & +\$366	+\$129.01 & +\$183

Dear Parent or Guardian:

FFY 2024, Rev. 6/23

\_\_\_\_\_ is enrolled in the CACFP, a USDA program which  
 \_\_\_\_\_ (Name of Agency)  
 provides federal assistance dollars to eligible child care centers for serving more nutritious meals. Our agency receives higher USDA meal reimbursement for each child whose household income is the same or less than the level shown on the household size-income scale below or receives benefits from certain programs. Receiving this financial assistance enables us to offer meals either free of charge or at reduced-priced rates for qualifying families.

If a member of your household currently receives benefits from the Supplemental Nutrition Assistance Program (SNAP) (FoodShare WI), the Food Distribution Program on Indian Reservations (FDPIR), or Wisconsin Works Programs, **your children can receive meals free of charge.** If your household income is the same or less than the amounts listed for your household size on the income scale below, your children can receive meals free of charge or at a reduced-price.

- The Reduced-price for meals are as follows: \_\_\_\_\_ per lunch/supper; \_\_\_\_\_ per breakfast; \_\_\_\_\_ per snack

In order to qualify for free or reduced-price meals served to your children while in our care, please complete and return the attached Household Size-Income Statement (HSIS) form to our office. This information will be kept strictly confidential in our files and in accordance with disclosure protection requirements.

Households that do not submit a completed HSIS or do not qualify for free or reduced-price meals may purchase meals at full cost for their children.

- The full cost for meals are as follows: \_\_\_\_\_ per lunch/supper; \_\_\_\_\_ per breakfast; \_\_\_\_\_ per snack

Only one completed HSIS is required for all children in your household. Refer to the requirements below for establishing eligibility of foster children, children enrolled in Head Start, and Runaway, Migrant, or Homeless children; eligibility for these children does not extend to other children in your household. Once we have properly approved your HSIS as eligible for receiving free or reduced-price meals, our agency will receive the higher meal reimbursement rates for your enrolled children, for 12 months from the *Effective Month of Determination* regardless of any change in your household size and/or income or termination from Benefits Programs.

You are not required to complete and return this HSIS if no one in your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin), FDPIR (Food Distribution Program on Indian Reservations), or WI Works Programs and your household income is higher than the amount indicated for your household size within the table below. In this case, however, we would appreciate you return the HSIS form to us with "N/A" written on it along with your signature and date.

**Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form**

When you submit a completed HSIS form reporting your household receives FoodShare WI, FDPIR, or WI Works Programs, you will receive meals free of charge and our agency will receive the Free meal reimbursement rate for meals served to your children. **Wisconsin Works Programs** is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides temporary cash assistance through work placement and training programs and IS NOT the Wisconsin Child Care Subsidy Program.** WI Works Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, and Pregnant Women, Learnfare and Emergency Payments.

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDPIR, WI Works Programs:

- (a) The names of your enrolled children;
  - (b) Checked box for the benefit your household receives and its case number; and
  - (c) The signature of an adult member in the household & signature date
- DO NOT list case numbers for: Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND
  - DO NOT list the 16-digit Quest Card number (starts with 5077) for FoodShare WI

**Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form**

**Household-Size Income Scale (Effective July 1, 2023 to June 30, 2024)**

Household Size	Annual Income Level (at or below)
1	\$ 26,973
2	\$ 36,482
3	\$ 45,991
4	\$ 55,500
5	\$ 65,009
6	\$ 74,518
7	\$ 84,027
8	\$ 93,536
For each additional Household Member, add:	+\$ 9,509

When you submit a completed HSIS form reporting your household earns a total income that is less than or equal to the income levels listed within this table, you will receive meals either free of charge or at the reduced-price and our agency will receive Free or Reduced-price meal reimbursement rates for meals served to your children.

**For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):**

- (a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
- (b) Income received by each household member identified by source of income and its pay frequency;
- (c) Total number of household members;
- (d) The signature of an adult member of the household and signature date; and
- (e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

•Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

**Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children enrolled in Head Start:** When you provide the respective documentation listed below for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, you will receive meals free of charge and our agency will receive the Free meal reimbursement rate for meals served to these children. **The respective documentation is required for these children to be eligible for Free Meals. These children's eligibility for Free meals does not extend to other children in your household.**

- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status by the appropriate Runaway/Homeless Youth Program, Migrant Education Program, or school official.

**Use of Information Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, you cannot be approved to receive Free or Reduced-price meals and our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, WI Works Programs, FDPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

**Sharing Eligibility Information:** Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low-cost health insurance unless **you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children are eligible for free or reduced-price meals.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the [USDA Non-Discrimination Statement and Complaint Filing Procedure](https://dpi.wi.gov/nutrition#discrimination) (https://dpi.wi.gov/nutrition#discrimination). This institution is an equal opportunity provider.

Signature of Agency Representative \_\_\_\_\_



Pricing Programs
HOUSEHOLD SIZE—INCOME STATEMENT

FFY 2024, Rev. 6/23

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying Household Letter for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren): Center

PART 1: BENEFITS

Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPiR? If yes, check the program and write the corresponding case number below; then go to PART 3. If no, skip to PART 2.

FoodShare Wisconsin (10-digit case number) DO NOT list a 16-digit Quest Card number: Wisconsin Works (W-2) Programs (10-digit case number): FDPiR (9-digit case number):

PART 2: HOUSEHOLD SIZE AND INCOME

If you did not complete PART 1, complete a, b, and c below; then go to PART 3.

a) Household Members Information: List full names of all members in first column, including yourself and all children. b) List all income on the same line as the person who receives it.

Table with columns for Household Member Names, Age, Check if Foster Child, Check if No Income, and various income sources (Gross wages, Retirement, Private pensions) with frequency options (Weekly, Every 2 Weeks, Twice per Month, Monthly, Annually).

c) Record total # of household members:

PART 3: SIGNATURE

An adult household member must sign and date this form. If Part 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None"

ETHNICITY AND RACE DATA COLLECTION - Completion is optional This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. Please answer both questions.

IS YOUR CHILD(REN) HISPANIC OR LATINO? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN): American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify 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.

Signature of Adult Household Member Signature Date Mo./Day/Yr. Last 4 digits of SS# (or check "None" if you do not have a SS#)

FOR CENTER USE ONLY - Complete all 3 sections

Section 1: Basis of Determining Eligibility (A or B) Section 2: Eligibility Determination Section 3: Determining Official's Initials/Approval Date Effective Month of Determination

NOTIFICATION LETTER OF ELIGIBILITY DETERMINATION  
FOR FREE OR REDUCED-PRICE MEAL BENEFITS

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

After reviewing your submitted Household Size-Income Statement for receiving Free or Reduced-price meals served to your children, the following determination has been made:

- Your child(ren)'s eligibility has not changed from the prior Household Size-Income Statement determination
- Beginning \_\_\_\_\_, your child(ren) will receive meals at no cost.
- Beginning \_\_\_\_\_, your child(ren) will receive meals at the Reduced-price charge of:  
\$\_\_\_\_\_ for lunch/supper; \$\_\_\_\_\_ for breakfast; and \$\_\_\_\_\_ for snack
- Your submitted Household Size-Income Statement has been determined as "Non-need" and therefore your child(ren) will receive meals at the full price for the following reason(s):

Beginning \_\_\_\_\_, your child(ren) will receive meals at the Full-price charge of:

\$\_\_\_\_\_ for lunch/supper; \$\_\_\_\_\_ for breakfast; and \$\_\_\_\_\_ for snack

Free or Reduced-priced eligibility determinations are effective for a period of 12-months after the beginning month regardless of any change in your household size and/or income or termination from Benefits Programs

If you are not eligible for Free or Reduced-price meals now, but have a decrease in household income, become unemployed, become eligible for WI Works Programs, FDPIR, SNAP (FoodShare Wisconsin), or have an increase in household size, you may submit a new Household Size-Income Statement at any time during the year for determining your household's eligibility to receive Free or Reduced-price meals served to your children.

If you do not agree with this determination or you would like to formally appeal the decision, please contact our agency's Hearing Official to discuss your appeal rights. The hearing procedures are enclosed.

<i>(Hearing Official's name)</i>	<i>(Hearing Official's Phone Number)</i>

Sincerely,

\_\_\_\_\_  
*(Signature of Agency Representative)*

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: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



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**HEARING PROCEDURES**

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The following hearing procedures established in accordance with Child and Adult Care Food Program regulations [7 CFR Part 226.23(c)(4)] are to be followed by a household requesting a hearing when free or reduced-price meal benefits are denied or terminated as a result of verification.

1. If a household disagrees with the decision of the determining official, a request for a hearing may be made by calling or writing \_\_\_\_\_ at \_\_\_\_\_ and \_\_\_\_\_.  
(Name of Agency's Hearing Official) (Hearing Official's Address) (Hearing Official's Phone Number)  
The request for fair hearing must be made within fifteen (15) calendar days of the date of the notification letter.
2. The hearing will be scheduled with reasonable promptness and convenience and the household shall be provided with at least ten (10) days' advance written notice of the time and place of the hearing.
3. The hearing will be conducted and the decision made by the hearing official, \_\_\_\_\_.  
(Hearing Official's Name)  
This person did not participate in the decision under appeal.
4. The household has an opportunity to be assisted or represented by an attorney or other person.
5. The household may examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
6. The household may present oral or documentary evidence and arguments supporting a position.
7. The household may question or refute any testimony or other evidence and confront and cross-examine any adverse witnesses.
8. The decision of the hearing official will be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
9. The parties concerned and any designated representatives thereof will be notified in writing of the decision of the hearing official.
10. For each hearing, a written record will be prepared, including: the decision under appeal; any documentary evidence and a summary of any oral testimony presented at the hearing; the decision of the hearing official and the reasons therefore; and a copy of the notification to the parties concerned of the hearing official's decision.
11. Such written record will be preserved for a period of three (3) years after the end of the current fiscal year and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

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: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
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