

<b>BEACON FORM VARIABLE TEXT DESCRIPTION</b>		
<b>VARIABLE TEXT</b>	<b>DESCRIPTION</b>	<b>DATA BASE</b>
{Return Address}	DTA – DPC P.O. Box 4406 Taunton, MA 02780-0420	*
{Name}	If program = cash or combo (CASH and SNAP) display worker name If program = SNAP (FS only) display “the DTA Assistance Line” SPANISH “al DTA Assistance Line” If program = SNAP (SAO client) display “The DTA Senior Assistance Office” SPANISH “al DTA Senior Assistance Office”	*
{Phone_Number}	If program = cash or combo (CASH and SNAP) display worker phone number If program = SNAP (FS only) display IVR number (1-877-382-2363) If program = SNAP (SAO client) display (1-833-712-8027)	*
{DTA_Main_Fax_Number}	Display Fax Number from the database.	*
{Recipient_Name}	First name, last name	*
{Recipient_Mailing_Address}	The BEACON mailing address will be filled from the database.	*
{Recipient_City_State_ZIP}	The BEACON mailing address will be filled from the database.	*
{AP_ID}	The recipient’s AP ID will be filled from the database	*
{DOC_Creation_Date}	Date that form is printed. {MM/DD/YYYY}	*
{Grantee}	AU Member <b>For Spanish insert: Estimado</b>	*
{Recipient_Residence_Address}	Display recipient’s BEACON residence address from data base.	*
{Prime_Tele}	Display the recipient’s primary telephone number from the BEACON database.	*
{Recert_End_Date}	Recertification End Date	*
{Return_Address_1}	DTA Document Processing Center, P.O. Box 4406 Taunton, MA 02780-0420.	
{Apply_By_Date}	Display the Mailed date + 20 days in {MM/DD/YYYY} format.	
{Household_Member}	Name(s) of persons listed as living in AU to be filled in from the data base – <b>Household Members</b> i.e. Active, Ineligible or Pending (with verified SSN on file), Assessed Persons or Basic Persons. Do not prefill the name of anyone who is active in another SNAP AU.	*
DOB {MM/DD/YYYY}	Household Member(s) DOB(s)	*
{Household_Member 1}	Name of Household Member with an INS Designation.	*
{INS_Designation}	<ul style="list-style-type: none"> <li>▪ The INS Designation of a noncitizen on BEACON will automatically be filled from the data base.</li> <li>▪ If no Household Member(s) has an INS Designation on BEACON, enter <i>None</i>.</li> </ul>	*

\*To be completed by programmer

**BEACON FORM/NOTICE  
SAMPLE NOTICE (ENGLISH)**

---

**DTA – DPC P.O. Box 4406  
Taunton, MA 02780-0420**

**Massachusetts Department of Transitional Assistance**

**Mary Smith  
1 Main Street  
Lawrence, MA 01852-1111**

Agency ID: **1111111**

Date: **08/27/2018**

**Recertification**

Dear **Mary Smith**:

Your SNAP benefit period is about to expire. Please return this form as soon as possible.

**If you submit this form by 09/27/2018 and are still eligible, your SNAP benefits will continue without delay. If we do not receive this form, we will stop your SNAP benefits on 10/10/2018.**

**You can complete your Recertification faster and easier by going online at [www.DTAConnect.com](http://www.DTAConnect.com)!**

By signing, I agree that:

- I have read this entire form (or have had it read to me in a language that I understand), including the section about rights and responsibilities, and understand that I must comply with these rules;
- the information I am giving is true and complete to the best of my knowledge;
- I could go to prison or be required to pay fines if I knowingly give wrong or incomplete information;
- DTA and other federal, state, and local officials may verify (check) any information I give.

Signature	Date
-----------	------

Return this form and any verification by:

- going online at [www.DTAConnect.com](http://www.DTAConnect.com);
- taking a picture of each page and uploading to DTA Connect;
- faxing to **(617) 887-8765**;
- mailing to the **DTA Document Processing Center, P.O. Box 4406 Taunton MA 02780-0420**; or
- bringing it to your local DTA Office to scan in the Self-Service area.

If you have questions, please call the DTA Assistance Line at **1-877-382-2363**.

**Need help because of disability?**

If you have trouble doing something we asked you to do because of a physical or mental health problem:

- Call a **Client Assistance Coordinator** for help. Call 1-877-382-2363 and ask to speak to a Client Assistance Coordinator.
- We may be able to give you extra help, or adjust a rule. This is called an **accommodation**. Talk to a Client Assistance Coordinator.

This page is left intentionally blank.

**BEACON NOTICE/FORM  
LANGUAGE WITH SAMPLE TEXT**

**DTA – DPC P.O. Box 4406  
Taunton, MA 02780-0420**

**Massachusetts Department of Transitional Assistance**

**Mary Smith  
1 Main Street  
Lawrence, MA 01852-1111**

Agency ID: **1111111**

Date: **08/27/2018**

**IMPORTANT INFORMATION ABOUT VOTER REGISTRATION**

Dear **Mary Smith**:

The National Voter Registration Act of 1993 requires the Department of Transitional Assistance (DTA) to give you the opportunity to register to vote. A voter registration application is enclosed. This letter itself is not a voter registration application. If you are not a U.S. citizen, you are not eligible to vote and you should not fill out a voter registration application.

To register to vote, fill out the enclosed Massachusetts voter registration application and send it to the local election official in your city or town, or bring it into a DTA office.

**If you have any questions about registering to vote, or if you need help filling out the voter registration application, call one of the telephone numbers listed below or speak with an agency worker.**

DTA Assistance Line at 1-877-382-2363

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Secretary of the Commonwealth, Elections Division, One Ashburton Place, Room 1705, Boston, MA 02108, Tel: 617-727-2828 or 1-800-462-8683.

If you need additional voter registration applications, please contact one of the numbers above.

---

**IN-OFFICE VOTER PREFERENCE FORM: This portion of the form is to be completed during in-office transactions only.**

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  
Yes [ ] No [ ]

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

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

## HOUSEHOLD INFORMATION

**HOME**

1 Main Street  
Lawrence, MA. 01852

**PHONE NUMBER**

(413) 444-4444

**MAILING**

1 Main Street  
Lawrence, MA. 01852

If your household moved or the phone number has changed, please provide the updated information below:

**NEW ADDRESS:** \_\_\_\_\_

**NEW PHONE NUMBER:** \_\_\_\_\_

## HOUSEHOLD MEMBERS

**NAME**

John Smith

**DATE OF BIRTH**

08/16/1982

If someone joined or left your household, please provide this person's information in the spaces below.

If no one moved in or out, these spaces should be left blank.

If you need more space, please use the Additional Information section.

Name of Person	Date of Birth	Social Security Number*	What is this person's relationship to you?	Is this person a US Citizen?	Do you regularly buy and make food together?	Does this person have income?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Non-citizens who are not applying for SNAP do not need to provide their SSN or citizenship status

## NONCITIZEN STATUS

NAME  
Mary Smith

NONCITIZEN STATUS  
Legal Permanent Resident

*If a household member's citizenship status has changed, please submit proof of the new status. See the instructions on the Verification Options section for more details.*

## STUDENTS

If anyone in the household is attending high school or college, please complete the section below.

<u>NAME</u>	<u>SCHOOL TYPE</u>	<u>SCHOOL NAME</u>
_____	<input type="checkbox"/> High School <input type="checkbox"/> College	_____
_____	<input type="checkbox"/> High School <input type="checkbox"/> College	_____
_____	<input type="checkbox"/> High School <input type="checkbox"/> College	_____

## DEPENDENT CARE COSTS

The following expenses can be verified by completing this section:

Please include the costs you are responsible to pay even if you are behind or not able to pay them.  
If you need more space, please use the Additional Information section.

<u>Name of Child or Dependent</u>	<u>Amount Paid</u>	<u>Frequency</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:

**If you drive (or pay for transportation) to and/or from a dependent care provider, please tell us:**

Please include the costs you are responsible to pay even if you are behind or not able to pay them.  
If you need more space, please use the Additional Information section.

<u>Name of Child or Dependent</u>	<u>Address of Care Provider</u>	<u>Number of Drives per Week</u>		<u>If you don't drive yourself, list the cost for Public Transportation, Taxi Cab, Shuttle, etc.</u>
		TO	FROM	

**HOUSING COSTS**

**The following expenses can be verified by completing this section:**

Please include the costs that your household is responsible for paying even if you are behind or not able to pay them.

<u>TYPE:</u>	<u>AMOUNT:</u>	<u>FREQUENCY:</u>
<input type="checkbox"/> Rent	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Mortgage	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Property Taxes*	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Home Insurance*	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Condo Fee	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Other:	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:

\*If you're paying a mortgage and the taxes and/or insurance are included in the payment, please leave these sections blank.

**Please check the utilities you are responsible for paying:**

Heat (oil, gas, electricity or propane, etc.)  Electricity and/or gas (other than heating use)

Electricity for an air conditioner  Phone or cell phone service  A fee to use an air conditioner



# MEDICAL COSTS

**If no one in your household is disabled or at least 60 years old, please skip this section.**

<u>NAME</u>	<u>EXPENSE TYPE</u>	<u>COST PER MONTH*</u>
_____	<input type="checkbox"/> Medical Care <input type="checkbox"/> Dental Care <input type="checkbox"/> Medications <input type="checkbox"/> Health Insurance <input type="checkbox"/> Other (such as OTCs, medical supplies, etc.):	_____
_____	<input type="checkbox"/> Medical Care <input type="checkbox"/> Dental Care <input type="checkbox"/> Medications <input type="checkbox"/> Health Insurance <input type="checkbox"/> Other (such as OTCs, medical supplies, etc.):	_____

*\*For instructions on verifying medical expenses, please see the Verification Options section.*

**If you have to travel (or pay for transportation) to receive medical care, please tell us:**

Please include the costs you are responsible to pay even if you are behind or not able to pay them.  
 If you need more space, please use the Additional Information section.

<u>Name</u>	<u>Address of Medical Provider</u>	<u>Number of Drives per Week</u>		<u>If you don't drive yourself, list the cost for Public Transportation, Taxi Cab, Shuttle, etc.</u>
		TO	FROM	

## ADDITIONAL INFORMATION

If you ran out of space and have additional changes to report, please use the space below.


- After this form is submitted, we may contact you for an interview and/or request verifications. Failure to comply may result in delay or denial of benefits.
  
- If you need another copy of this form, you may request or print one using DTA Connect.
  
- We will accept this form as long as it contains your *name, address, and signature*.

# YOUR VERIFICATION OPTIONS

For more information, visit [www.mass.gov/service-details/snap-verifications](http://www.mass.gov/service-details/snap-verifications).

You may use this checklist to submit verifications with this form. This will help us complete your recertification faster. If anything below applies to you but you aren't sure what proof to send, check the box and we'll be able to help you.

---

**If anyone in the household has earned income**, send us proof of income for the last four weeks, such as:

- Pay stubs, or record of payment
- Proof of any pay you got and hours worked
- Completed tax forms with all schedules attached, if self-employed

**If anyone in the household has unearned income**, send us proof of the monthly amount, such as:

- Benefit or award letter
- Statement from agency making payments

NOTE: We can usually verify the amount of Social Security, SSI, DOR Child Support, or MA Unemployment Compensation benefits ourselves. We will tell you if you need to verify any of these items.

**If your household has moved**, you may report your new housing costs in the housing costs section above or you may submit one of the following items:

- Rent receipt, lease, or Landlord Verification form
- Deed or mortgage statement
- Shared Housing Verification form, or statement from someone you live with

- If a household member's noncitizen status has changed**, please submit proof of the status, such as:
- Permanent Resident Card ("green card")
  - Employment Authorization Card
  - Temporary Resident Card
  - Arrival-Departure Record (I-94)
  - Stamp in passport
  - Other document showing current or pending immigration status
  - Statement from an immigration attorney about current or pending status

- If the total medical expenses have changed by at least \$25**, we will request proof of expenses (such as bills, invoices, or receipts).

NOTE: You can be credited for the costs you are responsible for paying even if you are behind or not able to pay them. Medical costs include co-pays, prescriptions, over-the-counter medications, health insurance, medical bills, transportation, and more. Transportation costs for medical reasons can be self-declared.

- If anyone in the household is making payments for child support**, please send us:

Verification of the legal obligation to pay the child support (such as a court order) and proof of recent payments.

NOTE: Child support payments cannot be credited unless they are *legally obligated* and being paid.

## ADDITIONAL RESOURCES

**SNAP Path to Work:** Find Employment & Training providers by going to [www.snappathtowork.org](http://www.snappathtowork.org).

Note: This is for SNAP-only clients

**SNAP-Ed:** Visit the SNAP Nutrition Education website at [www.MAhealthyfoodsinasnap.org](http://www.MAhealthyfoodsinasnap.org) to find healthy recipes, cooking tips, and ways to keep your family active!

**Massachusetts 2-1-1:** Call 211 to find health and human services programs in your area.

**Project Bread:** Call Project Bread's Food Source Hotline at 1-800-645-8333 to find local food sources.

## Notice of Rights, Responsibilities and Penalties DO NOT RETURN THIS PAGE.

I certify that I have read or have had read to me the information in this form. My answers to the questions in this form are true and complete to the best of my knowledge. I also certify that information I provide to the Department during the interview and in the future will also be true and complete to the best of my knowledge. I understand that giving false or misleading information is fraud. I also understand that misrepresenting or withholding facts to establish SNAP eligibility is fraud. This results in an Intentional Program Violation (IPV) and is punishable by civil and criminal penalties.

### I understand that the Department of Transitional Assistance (DTA) administers SNAP. Further, I understand that:

- The Food and Nutrition Act of 2008 (7 U.S.C. 2011-2036) allows DTA to use my Social Security Number (SSN) and the SSN of each household member I apply for. DTA uses this information to determine my household's eligibility for SNAP. DTA verifies this information through computer matching programs. I understand that DTA uses it to monitor compliance with program regulations.
- Most of the time, households under the SNAP Simplified Reporting rules have to tell DTA changes at Interim Report (IR) and recertification with the exception of:
  - If my household's income exceeds the gross income threshold
  - If I am under the able-bodied adult without dependents (ABAWD) work requirements and my work hours drop below 20 hours weekly
- If DTA receives verified information about my household, my benefit amount may change
- If I am not under the SNAP Simplified Reporting rules or Transitional Benefits Alternative (TBA) rules, I must report to DTA changes to my household that may affect our eligibility. I understand that I must report these changes to DTA in person, in writing or by phone **within 10 days of the change**. For example, you must report changes in your household's income, size, or address.
- I have a right to speak to a supervisor if DTA finds me ineligible for emergency SNAP benefits and I disagree. I may speak to a supervisor if I am eligible for emergency SNAP benefits but do not get my benefits by the seventh calendar day after I applied for SNAP. I may speak to a supervisor if I am eligible for emergency SNAP benefits but do not get my Electronic Benefit Transfer (EBT) card by the seventh calendar day after I applied for SNAP.
- I may receive more SNAP benefits if I report and give verification to DTA of:
  - child or other dependent care costs, shelter costs, and/or utility costs
  - legally-obligated child support to a nonhousehold member
- If I am 60 years or older or if I am disabled and I pay for medical costs, I can report and give verification of these costs to DTA. This may make me eligible for a deduction and increase my SNAP benefits.
- Unless they meet an exemption, all SNAP recipients between the ages of 16 and 59 are work registered and subject to General SNAP Work Requirements. SNAP recipients between the ages of 18 and 49 may also be subject to the ABAWD Work Program requirements. DTA will inform nonexempt household members of the work requirements. DTA will inform nonexempt household members of exceptions and penalties for noncompliance.
- Most SNAP recipients may voluntarily participate in education and employment training services through the SNAP Path to Work program. DTA will give referrals to the SNAP Path to Work program if appropriate.

### Right to Register to Vote

I understand I have the right to register to vote at DTA. I understand that DTA will help me fill out the voter registration application form if I want help. I am allowed to fill out the voter registration application form in private. I understand that applying for register and declining to register to vote will not affect the amount of benefits I get from DTA.

### SNAP Penalty Warning

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed below, that person will not be eligible for SNAP for *one year* after the first violation, *two years* after the second violation and *forever* after the third violation. That person may also be fined up to \$250,000, imprisoned up to 20 years or both. S/he may also be subject to prosecution under other applicable Federal and State laws. These rules are:

- Do not give false information or hide information to get SNAP benefits.
- Do not trade or sell SNAP benefits.
- Do not alter EBT cards to get SNAP benefits you are not eligible to get.
- Do not use SNAP benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's SNAP benefits or EBT card, unless you are an authorized representative.

I also understand the following penalties:

- Individuals who commit a **cash program** Intentional Program Violation (IPV) will be ineligible for SNAP for the same period the individual is ineligible from cash assistance.
- Individuals who make a fraudulent statement about their identity or residency to get multiple SNAP benefits *at the same time* will be ineligible for SNAP for **ten years**.
- Individuals who trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), will be ineligible for SNAP for **two years** for the first finding, and **forever** for the second finding.
- Individuals who trade (buy or sell) SNAP benefits for firearms, ammunition or explosives, will be ineligible for SNAP **forever**.
- Individuals who trade (buy or sell) SNAP benefits having a value of \$500 or more, will be ineligible for SNAP **forever**.
- The State may pursue an IPV against an individual who makes an offer to sell SNAP benefits or an EBT card online or in person.
- Individuals who are fleeing to avoid prosecution, custody or confinement after conviction for a felony, or are violating probation or parole, are **ineligible** for SNAP.
- Paying for food purchased on credit is not allowed and can result in disqualification from SNAP.
- Individuals may not buy products with SNAP benefits with the intent to discard the contents and return containers for cash.
- DTA may also share the names and contact information of SNAP recipients with SNAP Path to Work providers for recruitment purposes. I understand that members of my household may be contacted by DTA SNAP Path to Work specialists or contracted providers to explore SNAP Path to Work participation options. For more information about the SNAP Path to Work program, visit [www.snappathtowork.org](http://www.snappathtowork.org).

**I understand that the information I give with my application will be subject to verification to determine if it is true. If any information is false, DTA may deny my SNAP benefits. I may also be subject to criminal prosecution for providing false information.**

I understand that by signing this application I give DTA permission to verify and investigate the information I give that relates to my eligibility for SNAP benefits, including permission to:

- Get documents to prove information on this application with other state agencies, federal agencies, local housing authorities, out-of-state welfare departments, financial institutions and from Equifax Workforce Solutions. I also give permission to these agencies to give DTA information about my household that concerns my SNAP benefits.
- Contact third parties to verify information related to eligibility on my behalf. This includes, but is not limited to, employers, landlords, and utility companies.
- If applicable, verify my immigration status through the United States Citizenship and Immigration Services (USCIS). I understand that DTA may check information from my SNAP application with USCIS. Any information received from USCIS may affect my household's eligibility and amount of SNAP benefits.

- Share information about me and my dependents under age 19 with the Department of Elementary and Secondary Education (DESE). DESE will certify my dependents for school breakfast and lunch programs.
- Share information about me, my dependents under age 5 and anyone pregnant in my household with the Department of Public Health (DPH). DPH refers these individuals to the Women, Infants and Children (WIC) Program for nutrition services.
- Share information, along with the Massachusetts Executive Office of Health and Human Services, about my eligibility for SNAP with electric companies, gas companies and eligible phone and cable carriers to certify my eligibility for discount utility rates.
- Share my information with the Department of Housing and Community Development (DHCD) for the purpose of enrolling me in the Heat & Eat Program.
- Share information about me and my dependents with the Department of Revenue (DOR) for the purpose of verifying my eligibility for income-based tax credits as determined by DOR, including Earned Income and Limited Income and determining if I am eligible for "No Tax Status" or hardship status.

DTA may deny, stop or lower my benefits based on information from Equifax Workforce Solutions. I have the right to a free copy of my report from Equifax if I request it within 60 days of DTA's decision. I have the right to question the accuracy or completeness of the information in my report. I may contact Equifax at: Equifax Workforce Solutions, 11432 Lackland Road, St. Louis, MO 63146, 1-800-996-7566 (toll free).

I understand that I will get a copy of the "Your Right to Know" brochure and the SNAP Program brochure. I will read or have read to me the brochures and I must understand their contents and my rights and responsibilities. If I have any questions about the brochures or any of this information, I will contact DTA. DTA can be reached at: 1-877-382-2363.

I swear that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or lawfully residing noncitizens.

**Right to an Interpreter**

I understand that I have a right to an interpreter provided by DTA if no adult in my SNAP household is able to speak or understand English. I also understand that I can get an interpreter for any DTA fair hearing or bring one of my own. If I need an interpreter for a hearing, I must call the Division of Hearings at least one week before the hearing date.

**Nondiscrimination Statement**

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, religious creed, disability, age, political beliefs, 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:

(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.

**DO NOT RETURN THIS PAGE.**