



Rocky River School District

21600 Center Ridge Road • Rocky River • Ohio 44116

Phone (440) 333-6000 • Fax (440) 356-6014

www.rrcs.org • info@rrcs.org

Registration Checklist

Items to Bring for Registration (See *Enrollment Procedures* for further information)

- _____ 1. Residence Verification - 2 items (see Affidavit of Residency Form)
- _____ 2. Parent/Guardian's driver's license, state photo ID or passport
- _____ 3. Student's Birth Certificate – original or certified copy
- _____ 4. Immunization Records
- _____ 5. Custody or Custody Pending Form – if applicable
- _____ 6. Students with Special Needs / MFE, IEP, 504 Plan – if applicable
- _____ 7. Withdrawal Slip / Transfer Slip from previous school
- _____ 8. Last Report Card, Achievement / Proficiency Test Results, Transcript

Forms to Complete and Submit at Registration

- _____ 1. Enrollment Procedures
- _____ 2. Affidavit of Residency
- _____ 3. Student Registration Form (2 pages)
- _____ 4. Health Questionnaire (Completed by Parent)
- _____ 5. School Entrance Medical Record (Completed by Physician)
- _____ 6. Consent for Request of Student Records
- _____ 7. Emergency Medical Authorization
- _____ 8. Home Language Survey
- _____ 9. Free and Reduced Price School Meals Family Application

Enrollment Procedures

Entering the Rocky River City Schools

Welcome Parents and Students

We are pleased that you have chosen to be a part of our district. Please complete the packet **prior** to registering and present to the registrar all forms and documents required by the Board of Education to enroll your child(ren) into the Rocky River City School District. **Registration is by appointment only**, at the Rocky River Board of Education.

To schedule an appointment, please call 440-356-6000.

Instructions/Procedures

- Only the parent who is the legal guardian of the student may register the student into the district.
- As the parent/guardian of the student(s) being registered, you have a continuing duty to immediately inform the district of any changes of residence and/or standing as to legal custody of the student(s) or to provide the district with a certified copy of any court order which affects the custody of residency of said student(s) which have been issued or may be issued in the future.
- The Superintendent or his designee shall take all steps necessary to confirm the accuracy of the information provided in the registration process including the "Affidavit of Residency". If it is discovered that a parent, legal custodian or legal guardian has made false statements in the registration process, the school system may notify the prosecuting attorney.
- Parents are required to provide the school office with current home, work, and emergency phone numbers. If changes occur, notify the school office *immediately*.

Information/Documents Needed to Register a New Student

- **Driver's license, state picture ID, or passport** – must be provided by parent/guardian as proof of identity.
- **Affidavit of Residency** – must be notarized and submitted **with documents** providing residency. It is the obligation of the resident to prove they legally reside in the school district. The district will **NOT** enroll without proof of residency. (You will be asked to provide as many documents as are necessary to fulfill the residency requirement). See the "*Affidavit of Residency*" for acceptable documents.
- **Student's Birth Certificate** – must be original or certified copy.
- Student's complete **Immunization Records**
- **Custody or Custody Pending Form** must be notarized and submitted **with a certified copy of an Court Order** establishing Custody or Guardianship from Domestic Relations Court, Probate Court, Juvenile Court or any other Court of competent jurisdiction which issued an order regarding the custody of the student(s) being registered **if applicable**.
- **Students with Special Needs** (provide copies of the following, **if applicable**).
 - ✓ Multifactor Evaluation (MFE/ETR)
 - ✓ Individualized Education Plan (IEP)
 - ✓ 504 Plan
- **Withdrawal slip/Transfer slip** from previous school (following records, if available)
- **Last report card, Achievement/Proficiency test results, unofficial transcript**

The student(s) who is(are) being registered with the Rocky River City Schools must not be expelled or excluded from any other school pursuant to Ohio Revised Code 3313.66, nor have been permanently excluded from attending any of the public schools in the State of Ohio pursuant to Ohio Revised Code Sections 3301.121 and 3313.662.

As the parent or legal guardian of the student(s) being registered, you have a continuing duty to immediately inform the Rocky River City Schools of any change of residence and/or standing as to legal custody of the student(s) or to provide the Rocky River City Schools with a certified copy of any court order which affects the custody or residency of said student(s) which have been issued or may be issued in the future.

Be it understood that in a case of legal custody and/or guardianship, it must be determined by a court of competent jurisdiction **BEFORE** a student will be admitted to the Rocky River City Schools.

I have read the above enrollment procedures and instructions. I understand them and I agree to notify the Rocky City School District of any changes that may occur as outlined above.

(Signature of Parent or Legal Guardian)

(Date)



Rocky River School District

Learning Resource Services

20951 Detroit Rd. • Rocky River • Ohio 44116
440.356.6006 scheer.jim@rrcs.org • www.rrcs.org
James Scheer, Director

Dear Parents of New Entrants to School:

Students enrolled in kindergarten through grade 12 are required to have written proof on file at their public or nonpublic school that they have been immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, varicella and Hepatitis B as set forth in Section 3313.671 of the Ohio Revised Code. Students who are not in compliance are to be excluded from school attendance no later than the fifteenth day after admission.

Exemptions include students who present a written statement that immunization is objectionable for religious reasons or other reasons of "good cause". Similarly, a student is exempt with a physician's statement that immunization against a particular disease (or all diseases) "is medically contraindicated". The medical exemption statement must be completed by the student's physician on an annual basis.

When registering for admission as a new student, the parent must provide satisfactory evidence that the child has received or is in the process of receiving the required immunizations which include:

Diphtheria/Tetanus/Pertussis (Dtap, DTP, DT, Td)

- Kindergarten--a minimum of 4 doses are required. If the 4th dose was given before the 4th birthday, a 5th dose is required.
- Grades 1-12--Four doses of DtaP, DTP, or DT or any combination. If age 7 or older and the 3rd dose in the series is Td, a 4th dose is not needed.
- Grade 7--One dose of Tdap or Td must be administered prior to entry.

Polio (OPV/IPV)

- K--Four doses are required; the final dose must be administered on or after the 4th birthday regardless of the number of previous doses.
- Grades 1-12--Students enrolled in school in or after the 1999-2000 school year must have received a total of 4 or more doses of polio. Students enrolled prior to the 1999-2000 school year are required to have a minimum of 3 doses.

Measles, Mumps, Rubella (MMR)

- Grades K-12--Two doses of MMR vaccine are required. The first dose must have been received on or after the 1st birthday and the 2nd dose at least 28 days after the first.

Hepatitis B (Hep B-HBV)

- Grades K-11--A minimum of 3 doses are required— The 2nd dose must be at least 28 days after the first dose. The 3rd dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series must not be administered before age 24 weeks.
- Grade 12--Hepatitis B is recommended but not required.

Varicella (Chicken Pox)

- K--Two doses of varicella vaccine after the first birthday.
- Grade 1-4--One dose of varicella vaccine after the first birthday.

The Cuyahoga County Board of Health provides immunizations for infants and children at locations throughout the county. The CCBH can be reached at 216-201-2041 for an appointment. Parents can also contact their health care provider for immunizations. Medical authorities and school educators suggest that every child have a complete medical examination before entering school in order that defects, if present, may be corrected and the child is physically ready to accept all the advantages which education offers.

Please complete the attached **Health Information Record** and provide a copy of your child's immunization record no later than 5 days after the 1st day your child attends school.

Sincerely,

James Scheer
Director

PS/HE-1:2010



Rocky River City School District AFFIDAVIT OF RESIDENCY

I, _____ certify that I am the
_____ **Owner** _____ **Tenant** _____ **Resident** of the dwelling/apartment located at

Street _____ **City** _____ **Zip** _____ **Date of Occupancy** _____

I, _____ certify that I am the full-time resident of the above address located within the Rocky River City School District, and do not maintain a separate primary residence elsewhere.

Residence verification, two (2) proofs, must be brought and shown to the enrollment officer. A copy will be attached to the affidavit at the time of registration. Verifications are as follows:

- If you are the **Owner** of the dwelling, any two (2) of the following **original** items listed below:
Tax Bill, Insurance Policy on Dwelling, Paycheck Stub with Address, Home Mortgage Coupon, Purchase/Construction Contract, Utility Bill (Gas, Electric, etc)
- If you are the **Tenant** of the dwelling, a copy of your current signed lease agreement and one of the above forms of verification are required.

Or

- If you **Reside with a resident** of Rocky River, the owner or tenant of the property must complete an Affidavit of Residency and provide two (2) proofs of residency, OR a signed lease agreement. The **person registering** will also need to complete an Affidavit of Residency Form and provide one of the following:
Bank Statement, Insurance Statement, Paycheck Stub with Address, Utility Bill (Cable, Phone, etc.)

I, _____ further certify that this above information is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides under the criminal code and that I agree to pay the current tuition cost for each student listed below while illegally attending the Rocky River City School District and understand that immediate withdrawal will occur.

List below the names of all persons residing with you at the above address:

Adults	Birthdates	Children	Birthdates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student's Name _____ **Your relationship to student**

I have read this entire document and the information provided by me on this form is true and accurate.
Note: Only sign in the presence of a notary public if you are certifying that you are allowing the family listed above to reside with you.

Signature _____ **Date** _____ **Phone**

SWORN TO and subscribed before me this ____ day of _____ 20 ____.

(Affix Seal Here) **Notary Public** _____



STUDENT REGISTRATION FORM

STUDENT _____
Last Name First Middle

_____ Address City Telephone

BIRTHPLACE _____
City State Country

SEX: M F	DATE OF BIRTH:	DOCUMENT OF BIRTH:	U.S. CITIZEN...YES NO
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BROTHERS:	NAME	GRADE	AGE	SISTERS:	NAME	GRADE	AGE

PREVIOUS SCHOOLS ATTENDED: (PLEASE INCLUDE PRESCHOOLS)

PREVIOUSLY ATTENDED ROCKY RIVER SCHOOLS? NO ___ YES ___ ENTERED: MM ___ YY ___

GRADE LEVELS	DATES	SCHOOL	CITY	STATE

DOES YOUR CHILD RECEIVE ANY SPECIAL EDUCATION SERVICES INCLUDING SPEECH: IF SO, WHAT SERVICES:

OTHER INFORMATION WE SHOULD KNOW CONCERNING YOUR CHILD (i.e. medical , custody, etc.)

CIRCLE THE "NATIVE" LANGUAGE YOUR CHILD HAS SPOKEN FROM EARLIEST CHILDHOOD (when learned to talk).

- | | | | | | | | |
|----------|-----------|-----------------|----------|------------|-------------|----------|------------|
| English | Arabic | Creole (French) | Japanese | Navajo | Russian | Spanish | Ukrainian |
| Albanian | Cambodian | German | Korean | Portuguese | Serbo Croat | Tagalog | Vietnamese |
| Amharic | Cantonese | Hmong | Laotian | Romanian | Somali | Tigrinya | Other |

IS THERE ANOTHER LANGUAGE SPOKEN IN THE HOME? NO ___ YES ___ IF YES, WHAT IS IT? _____

Entry Date into U.S. schools: ___/___/___ How long has your child attended U.S. schools? _____

IS STUDENT OF **HISPANIC/LATINO** HERITAGE? NO ___ YES ___

(Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.)

IS STUDENT FROM ONE OR MORE OF THE FOLLOWING FIVE RACIAL GROUPS?

(Considered multiracial if more than one is checked):

- W ___ **White** ... People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.
- B ___ **Black or African American** ... Persons having origins in any of the black racial groups in Africa.
- A ___ **Asian** ... Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- I ___ **American Indian or Alaskan Native** ... Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment .
- P ___ **Native Hawaiian or Other Pacific Islander** ... Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

STUDENT REGISTRATION FORM (page 2)

FATHER

Last Name First Home Address Telephone

Occupation _____

Name and address of employer Telephone

Married ____ Divorced ____ Separated ____ Never Married ____

MOTHER

Last Name First Home Address Telephone

Occupation _____

Name and address of employer Telephone

Married ____ Divorced ____ Separated ____ Never Married ____

LEGAL GUARDIAN (Provide notice from Probate Court, 60 day limit if custody is pending):

Last Name First Home Address Telephone

Occupation _____

Name and address of employer Telephone

IF THIS STUDENT IS NOT LIVING WITH BOTH NATURAL PARENTS COMPLETE THE FOLLOWING:

Student lives with:

- ____ Birth Mother ____ Birth Mother/Stepfather
____ Birth Father ____ Birth Father/Stepmother
____ Shared Parenting ____ Legal Guardian ____ Other (Explain)

Section 3313.672 of the Ohio Revised Code requires a custodial parent to provide the public school with a certified copy of the custody order. Any modifications in the custody order must also be submitted to the school when they occur.

I HEREBY ATTEST THAT THE ABOVE IS TRUE AND THAT I AM A RESIDENT OF ROCKY RIVER CITY SCHOOL DISTRICT.

Signature _____ Date _____

FOR SCHOOL OFFICE USE:

School Entering _____ Initials _____ Date _____

HEALTH QUESTIONNAIRE
(TO BE COMPLETED BY PARENTS)

Name _____ Grade _____
 Address _____ Phone # _____
 School _____ Previous School _____ Birthdate _____
 Name of Physician _____ Phone # _____
 Name of Dentist _____ Phone # _____

Immunization Information

Please list day, month and year

DTP/DTaP	1. _____	2. _____	3. _____	4. _____	5. _____
Polio	1. _____	2. _____	3. _____	4. _____	5. _____
HIB	1. _____	2. _____	3. _____	4. _____	5. _____
Hepatitis B	1. _____	2. _____	3. _____		
MMR	1. _____	2. _____		Hepatitis A 1. _____	2. _____
Varicella	1. _____	2. _____		Other _____	

Health History

Allergies - List and describe reactions:

Insect stings _____
 Food/plants/animals _____
 Medications _____
 Recommended treatment _____
 Asthma _____ Treatment required _____
 Bone/Joint disorder _____
 Blood disorders _____
 Cancer _____ Explain _____
 Convulsions/seizures _____ Frequency _____ Medication _____
 Diabetes _____ Age of onset _____ Treatment _____
 Ear infections _____ Frequency _____ Age of last infection _____ Tubes _____
 Hearing problems _____ Hearing Aids: Yes ___ No ___
 Heart disease _____ Describe _____
 Chicken pox disease _____ Date _____
 Kidney disease _____ Describe _____
 Nervous system disorder _____
 Skin disorder _____ Describe _____
 Stomach/intestinal disorders _____ Describe _____
 Strep infections _____ Frequency _____ Date of last infection _____
 Vision problems _____ Describe _____
 Treatment _____ Glasses: No ___ Yes ___ Near / Far
 Other physical disabilities: Describe _____
 Past hospitalizations/surgeries _____

Medications: Please list (If any medication needs to be administered in school, physician must complete school form.)

Name	Dose	Time taken	Reason for medicine
_____	_____	_____	_____
_____	_____	_____	_____

Parent/guardian signature _____ Date _____



SCHOOL ENTRANCE MEDICAL RECORD

(TO BE FILLED IN BY PHYSICIAN)

Name _____ Birthdate _____ Grade _____

Immunization Information

Please complete the entire date including day, month and year.

DTP/DTaP	1. _____	2. _____	3. _____	4. _____	5. _____
Td	1. _____	2. _____			
OPV/IPV	1. _____	2. _____	3. _____	4. _____	5. _____
HIB	1. _____	2. _____	3. _____	4. _____	5. _____
Hepatitis B	1. _____	2. _____	3. _____		
MMR	1. _____	2. _____	Hepatitis A	1. _____	2. _____
Other	_____		Varicella Vaccine	1. _____	2. _____

Height _____ Weight _____ Blood Pressure _____

Examination: Date _____ Normal _____ Abnormal _____

Remarks and recommendations concerning abnormal findings: _____

Restrictions: _____ Development: Normal _____ Abnormal _____

Chronic Health Concerns: Asthma _____ Seizure disorder _____ ADD/ADHD _____ Diabetes _____
Other _____

Medications:
Name of medication/Dosage/Frequency _____
Reason for medication _____

Please complete form for medication administered if it is necessary for the child to receive prescription or OTC medication in school.

Was child referred to a specialist for any reason? _____ Explain _____

Special Tests (at discretion of physician)

Urinalysis _____ Hemoglobin _____

Lead _____ Sickle Cell _____

Tuberculin test (most recent): Date _____ Type _____ Results: Positive _____ Negative _____

Other _____

Hearing: Type of test _____ Results _____ Comments _____

Vision: Acuity: Right - 20/ _____ Left - 20/ _____ Strabismus: Yes _____ No _____ Comments _____

Physician name (Print) _____ Phone _____

Address _____ City, State, Zip _____

Based on examination consistent with EPSDT/Headstart/AAP guidelines, I certify this child to be in suitable condition for enrollment in school.

Physician Signature _____ Date _____

PLEASE RETURN RECORDS TO ROCKY RIVER CITY SCHOOL DISTRICT:

___ Goldwood Primary School, 21600 Center Ridge Road, Rocky River, OH 44116

___ Kensington Intermediate School, 20140 Lake Road, Rocky River, OH 44116

___ Rocky River Middle School, 1631 Lakeview Avenue, Rocky River, OH 44116

___ Rocky River High School, 20951 Detroit Road, Rocky River, OH 44116



CONSENT FOR REQUEST OF STUDENT RECORDS

Student's Name _____ Grade _____ Date of Birth _____

Previous School Attended _____ Last Day in Attendance _____

Parent/Guardian's Name _____ Address _____

As the parent or legal guardian of the above named child, I authorize the Rocky River Board of Education to request the following records. I have been advised that I have a right to request a hearing to review and to discuss the contents of the above record.

OR

Being 18 years of age, I hereby authorize the Rocky River Board of Education to request the following records. I have been advised that I have a right to request a hearing to review and to discuss the contents of the above record.

Parent or Guardian Signature

Signature of Student

CHECK ONE OR MORE:

1. ___ Directory Information
2. ___ Permanent/Cumulative Record
3. ___ Health Records
4. ___ Pupil Services/Special Education/Psychological File
5. ___ Other _____

THE RECORDS SHOULD BE REQUESTED OF:

School/Institution/Employer/Person _____

Address _____ City _____ State _____ Zip _____

Reason for Request _____

FOR SCHOOL USE ONLY: DATE RECEIVED _____ BY _____ DATE DATA REQUESTED _____ DATE REQUESTED BY _____

ORIGINAL – INSTITUTION • YELLOW – PERMANENT RECORD • PINK – PARENT



EMERGENCY AUTHORIZATION FORM

The purpose of this form is to authorize the provision of emergency medical treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Please **PRINT** relevant information

STUDENT NAME _____

DATE OF BIRTH _____ GRADE _____

HOME ADDRESS _____

PHONE (H) _____

PRIMARY EMAIL

Please indicate if there are any changes in the above information from the previous school year

Yes No

RESIDENTIAL PARENT/GUARDIAN INFORMATION:

(If custodial parent, please check box)

<input type="checkbox"/> Mother's Name _____	Employer _____
Home Phone _____ <small>(if different from above)</small>	Cell Phone _____
Work Phone _____	Pager No. _____
Email _____	

<input type="checkbox"/> Father's Name _____	Employer _____
Home Phone _____ <small>(if different from above)</small>	Cell Phone _____
Work Phone _____	Pager No. _____
Email _____	

Guardian's Name _____	Employer _____
Home Phone _____ <small>(if different from above)</small>	Cell Phone _____
Work Phone _____	Pager No. _____
Email _____	

IN CASE OF AN EMERGENCY, AND A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

Contact #1 Name _____	Relationship _____
Home Phone _____	Cell Phone _____
Work Phone _____	Pager No. _____

Contact #2 Name _____	Relationship _____
Home Phone _____	Cell Phone _____
Work Phone _____	Pager No. _____

Signature of Parent/Guardian _____ Date _____

SEE REVERSE SIDE →

PLEASE COMPLETE PART I OR PART II

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called in an emergency:

Physician _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Hospital _____ Phone _____

In the event that reasonable attempts to contact me have been unsuccessful, I grant my consent for;
(1) The administration of any treatment deemed necessary by above-named physician, or, in the event the designated preferred practitioner is not available, by another licensed medical practitioner; and
(2) The transfer of the child to any reasonable accessible hospital.

This authorization does not cover major surgery unless the medical opinions of the two other licensed physicians or dentists, concurring in the necessity of the surgery, are obtained prior to the performance of such surgery.

Please indicate any facts concerning the child’s medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

[Empty box for medical history]

Signature of Parent/Guardian _____ Date _____

PART II – REFUSAL TO CONSENT (do not complete Part II if you completed Part I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities take no action or to:

[Empty box for refusal details]

Signature of Parent/Guardian _____ Date _____

SIGNATURE SECTION

In an effort to eliminate the need for completing the variety of forms usually collected at the beginning of the school year, the following signature section has been created. Please check YES or NO for each item below:

- YES NO I authorize the district to publish in print or post on the web any photos, video or audio of my child or my child’s work as, during the year, the district often uses photography, video or audio to illustrate student projects, events, accomplishments, and activities.
- YES NO I grant permission for my child to use school Internet/email according to the guidelines adopted by the Rocky River Board of Education.
- YES NO I grant permission for my child’s name, address and phone number to be listed in the PTA Directory.
- YES NO We have Internet access in our home.
- YES NO *(for Kensington students only)* Sometimes a teacher will take his/her class to Rocky River Park (located on Beachcliff Blvd. and Falmouth Dr.) for a supervised learning activity. I grant permission for my child to walk from Kensington to Rocky River Park with his/her class and teacher.
- YES NO *(for Middle School students only)* Sometimes a teacher will take his/her class to the Public Library (located immediately next to the school) or to Rocky River High School for a supervised learning activity. I grant permission for my child to walk from RRMS to the Public Library or High School with his/her class and teacher.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____

Rocky River City School District Home Language Survey

As required by Federal Law, this form must be completed for all students at the time of enrollment.
(Title VI Compliance Issues 9/91)

Name of School _____ Grade _____ Student # _____ Date _____

Student Name _____ SS# _____ Sex _____ DOB _____
Last First MI (M/F) (MM/DD/YYYY)

Address _____
Place of Birth City/State/Country

City _____ State OHIO ZIP _____ Phone #: () _____

1. What language did your child speak when first learning to talk? _____

2. List all languages spoken in the home _____
(Circle language used most frequently when speaking to your child)

3. Circle the people in your home who speak a language other than English.
 Father Mother Grandmother Grandfather Aunt Uncle Cousins Caregiver None

4. List language(s) the child speaks in the home _____

5. List language(s) the child responds to in the home _____
(If English is the only language in the home – go to question 10)

6. What is the parent's native language? Mother _____ Father _____

7. Which parent speaks English? Mother _____ Father _____ Both _____

8. Which parent reads English? Mother _____ Father _____ Both _____

9. Is an interpreter needed? Yes _____ No _____

10. Circle your child's dietary needs: No Restrictions Vegetarian No Pork Products

Food allergies to: _____

11. Print the following: Father's Name _____ Mother's Name _____

List Brothers and Step Brothers

List Sisters and Step Sisters

Name	Birth Date	School	Name	Birth Date	School

12. List all schools student attended in the United States. Use back of page if necessary.

Name of School	Year	Grade	Location City & State

Office Use Only – Date Enrolled in RRCSD _____

This completed form is to be placed in the student's school file and remain there until graduation. If language(s) other than American English is listed, please send a copy of the completed form, plus registration form, passport, or birth certificate, and names and addresses of previous school to the Pupil Services Department, Attn: ESL.



Dear Parent/Guardian:

The information you give on your annual Free and Reduced-Price School Milk/Meals Application may be shared with other programs for which your child/children may qualify **if it is determined you qualify for the Free or Reduced-Price Program.** In order to qualify for additional district program cost reductions, such as school fees, we must have permission to share your information.

YES, I DO want school officials to share information from my Free and Reduced-Price School Milk/Meals Application with one or more of the following programs:

- ★ Goldwood Primary School General Fees
- ★ Kensington Intermediate School General Fees
- ★ Rocky River Middle School General & Course Fees
- ★ Rocky River High School General & Course Fees

NO, I DO NOT want information from my Free and Reduced-Price School Milk/Meals application shared with any of the programs listed above.



If you checked NO, stop here. You do not have to complete any more of this form. Your information will not be shared. Please sign at the bottom and RETURN THIS FORM with your Free and Reduced-Price Milk/Meals Application.

If you checked YES above, please fill out the form below. Your information will be shared only with the programs you check.

_____	_____
Printed Name of Child	Grade
<input type="checkbox"/> Goldwood General Fees <input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR Middle School General and Course Fees <input type="checkbox"/> RR High School General and Course Fees

_____	_____
Printed Name of Child	Grade
<input type="checkbox"/> Goldwood General Fees <input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR Middle School General and Course Fees <input type="checkbox"/> RR High School General and Course Fees

_____	_____
Printed Name of Child	Grade
<input type="checkbox"/> Goldwood General Fees <input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR Middle School General and Course Fees <input type="checkbox"/> RR High School General and Course Fees

_____	_____
Printed Name of Child	Grade
<input type="checkbox"/> Goldwood General Fees <input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR Middle School General and Course Fees <input type="checkbox"/> RR High School General and Course Fees

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Address

Return this form with your Free and Reduced-Price School Milk/Meals Application to a school office.
For more information, please contact Greg Markus, Treasurer and CFO, at (440) 356-6000.

Food Service Use Only: . Program Qualification: <input type="checkbox"/> Free <input type="checkbox"/> Reduced . Date: _____ . Initials: _____	Treasurer's Office Use Only: . Date Received in Treasurer's Office: _____ . Received By: _____ . Date of Data Entry: _____ Initials: _____
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Rocky River City School District

21600 Center Ridge Road • Rocky River • Ohio • 44116

440.333.6000 • info@rrcs.org • www.rrcs.org

Dr. Michael G. Shoaf, Superintendent

Dear Parent/Guardian:

The Rocky River City School District offers milk each school day. Children may buy milk for 25¢. Children who qualify may get free milk.

If you now receive **Food Assistance Program (SNAP, formally known as food stamps)** or OWF for your child, your child can receive free milk. If your total household income is the same or less than the amounts on the Federal Income Chart below, your child can receive free milk. A foster child may be eligible to receive free milk regardless of your household income.

Do I need to fill out an application for each child? No. Complete the application to apply for free milk. Use one Free Milk Application for all students in your household. Only Foster Children need to have a separate application. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Ms. Eubanks, Rocky River City School District, Office of Food Service, 20951 Detroit Rd., Rocky River, Ohio 44116.**

- 1. Who can get free milk?** Children in households receiving **Food Assistance Program (SNAP, formerly the Food Stamp Program)** benefits, or Ohio Works First (OWF) benefits and most foster children can get free milk regardless of your income. Also, your children can get free milk if your household income is within the free limits on the Federal Income Guidelines.
- 2. Can homeless, runaway and migrant children get free milk?** Please call **Ms. Eubanks at 356-6846** to see if your child(ren) qualify, if you have not been informed that they will get free milk.
- 3. Should I fill out an application if I got a letter this school year saying my children are approved for free milk?** Please read the letter you got carefully and follow the instructions. Call Ms. Eubanks at **356-6846** if you have questions.
- 4. I get WIC. Can my child(ren) get free milk?** Children in households participating in WIC may be eligible for free milk. Please fill out an application.
- 5. Will the information I give be checked?** Yes, we may ask you to send written proof. (B, is this true?)
- 6. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start **receiving SNAP** or getting OWF or other benefits. If you lose your job, your children may be able to get free milk.
- 7. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Ted Blank, Rocky River City School District, 21600 Center Ridge Rd., Rocky River, Ohio 44116 / Phone 356-6003**
- 8. May I apply if someone in my household is not a U.S. citizen?** Yes. Neither you nor your child(ren) have to be a U.S. citizen to qualify for free milk.
- 9. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, and friends). You must include yourself and all children who live with you.
- 10. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 11. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **356-6846**

Si necesita ayuda, por favor llame al teléfono: 356-6846

Sincerely,

C. Eubanks

Food Service Manager

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the **Food Assistance Program (SNAP, formerly the Food Stamp Program)**, or gets Ohio Works First (OWF), follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a **10 digit** SNAP (Food Stamp) or OWF case number beside each child's name. Ohio Direction Card Numbers are not acceptable (these are 16 digits in length).

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Check the appropriate box and contact **Ms. Eubanks at 356-6846**.

Fill out application by following instructions for **ALL OTHER HOUSEHOLDS**.

If you are applying for a **FOSTER CHILD**, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column A-Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B -Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C-Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

2009-2010 FREE MILK FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Building Name	Grade	10-digit Food Assistance Program (SNAP*, formally known as Food Stamps) or OWF case # (if any) for each child. Skip to Part 5 if you list a SNAP* or OWF case #											

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Ms. Eubanks at 356-6846 Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household)	B. Gross income and how often it was received				C. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Zip Code: _____ Phone Number: _____
 Social Security Number: ____ - ____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities: Mark one ethnic identity:

Asian American Indian or Alaska Native Hispanic or Latino
 White Native Hawaiian or Other Pacific Islander Not Hispanic or Latino
 Black or African American Other

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free _____ Denied _____ Reason: _____
 Temporary: Free _____ Time Period: _____ (expires after ___ days)
 Determining/Approval Official's Signature: _____ Date: _____

Your children may qualify for free milk if your household income falls within the limits on this chart.

FEDERAL INCOME CHART			
For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	14,079	1,174	271
2	18,941	1,579	365
3	23,803	1,984	458
4	28,665	2,389	552
5	33,527	2,794	645
6	38,389	3,200	739
7	43,251	3,605	832
8	48,113	4,010	926
Each additional person:	4,862	406	94

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a **Food Assistance Program (SNAP, former known as the Food Stamp Program)**, Ohio Works First (OWF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Special Milk Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."



Rocky River City School District

21600 Center Ridge Road • Rocky River • Ohio • 44116

440.333.6000 • info@rrcs.org • www.rrcs.org

Dr. Michael G. Shoaf, Superintendent

Dear Parent/Guardian:

Children need healthy meals to learn. **Rocky River High School and Rocky River Middle School** offer healthy meals every school day. Lunch costs **\$2.50**. Your children may qualify for free meals or for reduced price meals. Reduced price is **40¢** for lunch.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to:**

Ms. Eubanks, Rocky River City School District, Office of Food Service, 20951 Detroit Rd., Rocky River, Ohio 44116.

2. Who can get free meals? Children in households receiving benefits through the **Food Assistance Program (SNAP, formerly the Food Stamp Program)**, or Ohio Works First (OWF) benefits and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? Please call **Ms. Eubanks @ 356-6846** to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the school at **[phone number]** if you have questions.

6. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start **receiving Food Assistance Program (SNAP)** benefits or getting OWF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

9. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Ted Blank, Rocky River City School District, 21600 Center Ridge Rd., Rocky River, Ohio 44116 / Phone 356-6003**

10. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

11. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **356-6846**

Si necesita ayuda, por favor llame al teléfono 356-6846

Sincerely,

C. Eubanks

Food Service Manager

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Food Assistance Program (SNAP, formerly the Food Stamp Program), or gets Ohio Works First (OWF), follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a **10 digit** SNAP (Food Stamp) or OWF case number beside each child's name. Ohio Direction Card Numbers are not acceptable (these are 16 digits in length).

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

**Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1-Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 -Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3-Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

2009-2010 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	10-digit Food Assistance Program* (SNAP, Food Stamp) or OWF case # (if any) for each child. Skip to Part 5 if you list a SNAP* or OWF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Ms. Eubanks at 356-6846 Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: ____ - ____ - _____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American
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Don't fill out this part. This is for school use only.

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change ___ Free to Reduced Price ___ Free to Paid ___ Reduced Price to Free ___ Reduced Price to Paid ___

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART			
For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

*** SNAP: Food Assistance Program (formerly the Food Stamp Program)**

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a **Food Assistance Program (SNAP, former Food Stamp Program)**, Ohio Works First (OWF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."