

**INSERT OR PHOTOCOPY ON
FACILITY
LETTERHEAD**

RESIDENTIAL CHILD CARE INSTITUTIONS/GROUP HOME INTAKE APPLICATION

NAME OF RESIDENT: _____

ENTRY DATE: _____

EXIT DATE: _____

INCOME OR MONEY IN POCKET: \$ _____

Check if resident does not have income

SOURCE(S) OF INCOME, if listed above:

FOR INSTITUTION USE		
<input type="checkbox"/> Free	<input type="checkbox"/> Reduced Price	<input type="checkbox"/> Denied; claim at paid rate
Signature: _____		Date of Determination: _____

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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, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.