

# Summer Food Service Program Online Claim Manual

How to enter, modify, and view-print claims for the Summer Food Service Program

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Wisconsin Department of Public Instruction  
Jill K. Underly, PhD, State Superintendent  
Madison, Wisconsin

# Summer Food Service Program Online Claim Manual

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## Submitting SFSP Claims, Deadlines, Late Claims

### Submitting SFSP Claims

All claims must be submitted electronically by following the steps in this Claim Manual.

- Processing of submitted claims occurs each Tuesday morning, unless that day is a holiday, in which case the processing is the following day. Payment processing does not occur the last two weeks of June and the last two weeks of December.
- You may only submit one claim for each Child Nutrition Program (i.e., CACFP, NSLP, SFSP, SMP) per processing period.
- All agencies will receive reimbursement payments via electronic deposit through [AIDS Banking](#).
- COMBINING CLAIM MONTHS – This is allowed for the SFSP only when the following situations occur:
  - When there are 10 operating days or less in the initial month of operation, the initial month can be combined with the claim for the subsequent month;
  - When there are 10 operating days in the final month of operation, the final month can be combined with the preceding month; or
  - Three consecutive months may be combined as long as this combined claim only includes 10 operating days or less from each of the initial and final months of program operations.

### Claim Deadlines

Claims for reimbursement must be submitted online within 60 calendar days after the last day of the claiming month. The following chart gives the deadline date for each monthly claim period. If combining claims (see rules for combined claims above), note the deadline for submitting the claim is a bit different. It is due 60 days from the last day that meals are served in the final month of operation. Click on our

[Claim Submission Deadlines](#) webpage for additional information. If the 60th day falls on a Saturday, Sunday, or Federal holiday, the claim is due on the next business day. If you are submitting a claim under this situation, you will not be able to submit your claim online. Instead, you need to complete a paper copy of the claim. Please plan ahead to avoid paper claim submissions. If you are unable to submit your claim online, please make sure to email it to najat.shorette@dpi.wi.gov or 608-266-6856 to meet these deadlines

Claiming Month	Last Day for Online Submission
January	April 1 (March 31 on leap years)
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1 (February 29 on leap years)

## Late Claims

Any claim or upward adjustment received after 60 calendar days from the end of the claiming month is considered a late claim. A late claim cannot be paid with federal funds unless the DPI grants a one-time exception. A one-time exception may be granted separately for School Meal Programs, Child and Adult Care Food Program (CACFP), and Summer Food Service Program once every 36 months.

- School Meal Programs includes the School Breakfast Program, National School Lunch Program, Afterschool Snack Program, Special Milk Program, and the Seamless Summer Option. An exception for any of these programs would count as the LEAs one-time exception for School Meal Programs.
- CACFP includes the Adult Day Care, At-Risk Afterschool Meals, Child Care, and Emergency Shelters. An exception for any of these programs would count as the agency's one-time exception for the CACFP.

The Federal and State Grants Program of DPI must approve all exception corrective action plans. To request a one-time exception, send a [paper claim form](#) for the claim month, along with a completed [One-Time Exception Corrective Action Plan form](#) and submit it to: Federal & State Grants Program, Email: [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov)

Downward claim adjustments may be submitted via the paper claim, at any time.

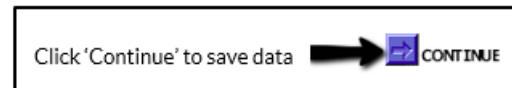
## [Navigating the Claim System](#)

### Time Limitations

A timer starts from the moment the site is entered. If there is no activity for 30 minutes, the user will get an error message and will have to return to the main Login screen. Any data on the page you were working will not be saved. Any movement on a page will reset the 30-minute timer.

### Saving Entered Claim Data

Clicking 'Continue' at the bottom of each page saves information/data entered. If exiting the system before completing the claim, click 'Continue' to save current data.



### Returning to Previous Pages

Click a link at the bottom of the page. The name of the link is the page you will go to. If you click on the 'Back' icon at the top of the screen, your data will not be saved from the screen you are currently on.

### Exiting the Claim

Click 'Logout' in the upper right corner of the blue boxes. If exiting the system before completing the claim, click 'Continue' to save current data. Click 'Logout'.



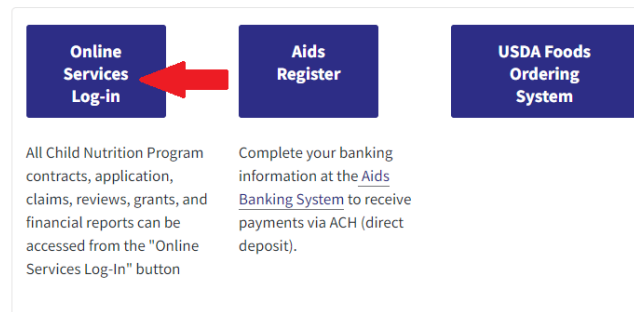
## Logging into the Claim System

Google Chrome is highly recommended.

1. Go to the following: <https://dpi.wi.gov/nutrition>
2. Click on “Online Services.” Bookmark the [Online Services Page](#) for future easy access to Online Services and to receive important information regarding contracts and claims.



3. Click on “Online Services Log-in.”



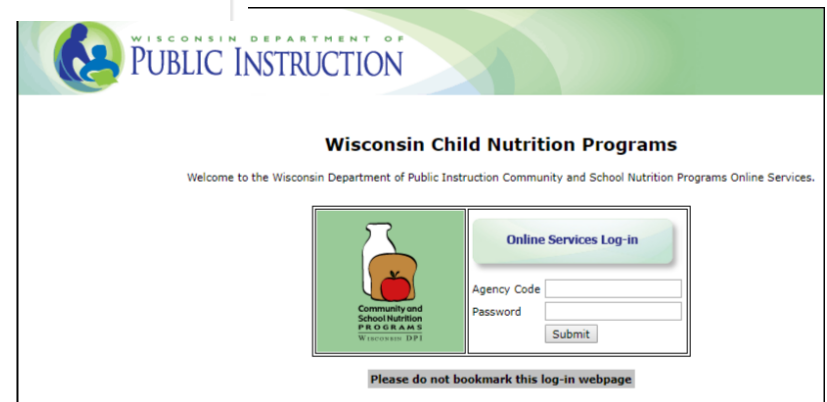
4. Enter the Agency Code (without dashes) and password. Click ‘Submit’.

Do not bookmark this webpage. If you wish to bookmark, go to step 1.

If you do not know your password or need to request a new one, contact:

1. Primary Contact: Jacque Jordee at 608-267-9134;  
[jacqueline.jordee@dpi.wi.gov](mailto:jacqueline.jordee@dpi.wi.gov)
2. Secondary Contact: Najat Shorette at 608-266-6856;  
[Najat.shorette@dpi.wi.gov](mailto:Najat.shorette@dpi.wi.gov)

*Note: Passwords should be changed when the Authorized Representative or person authorized to submit a claim has left the agency.*



**Wisconsin Child Nutrition Programs**

Welcome to the Wisconsin Department of Public Instruction Community and School Nutrition Programs Online Services.

**Online Services Log-in**

Agency Code

Password

Please do not bookmark this log-in webpage.

## Entering the Claim

1. From the Main Menu, select “**Summer Food Program.**”



2. From the Summer Food Program Menu, select “**Claim Reimbursement.**”



3. From the Claim Reimbursement Menu, select “**Enter-Modify Claim.**”  
This button is used to submit a new claim or to modify the claim prior to DPI processing it.



## General Claim Information – Parent Form

1. Select the Claim Month to be entered from the drop-down box. If combining claims, select the month that has more than 10 operating days as the Claim Month.
2. Enter the number of Days of Service for the Claim Month. If combining claims, enter the number of Days of Service for the Claim Month ONLY (the month that has more than 10 operating days) at this point.
3. Complete the “Optional, Fill in only if Agency is Combining Claim Months” ONLY if combining claims.
4. If combining claim months, enter the information for the “prior” or “following” month based on the relationship of the month to be combined to the month that has more than 10 operating days. Leave the “prior” or “following” month **blank**, if it does not apply.
5. Click ‘Continue’

Summer Food Service Program (SFSP) [General Information]	
10014 - Adams-Friendship School District	
Date Claim Month	<input type="text" value=""/> ▼ Year <input type="text" value=""/> ▼
Days of Service for Claim Month	<input type="text" value=""/>
Is Agency Combining Claim?	<input type="text" value=""/> ▼
<b>Optional, Fill in Only if Agency Combining Claim Months</b>	
[Select Months to Combine]	
Prior Month	<input type="text" value=""/> ▼
Prior Month Days of Service	<input type="text" value=""/>
Following Month	<input type="text" value=""/> ▼
Following Month Days Of Service	<input type="text" value=""/>
<input type="text" value=""/>	

 CONTINUE

Note: The agency must certify information reported in this claim prior to submission.

## List Camp and Non-camp Sites

1. Listed will be ONE site number for all non-camp sites (open, open restricted, and enrolled) combined. NYSP sites will have its own number in the list.

Summer Food Service Program (SFSP)  
List of Approved Site-Camp  
10014 - Adams-Friendship School District

List below is/are site(s) approved for claim reimbursement. Select each site / camp by clicking a site number and provide participation information. Agency has to do this for all the site(s) listed below for your claim to be processed.

Site No.	Site-Camp Name	Type of Site	Participation Information
10014	Adams-Friendship School District	All Other Non-camp	Incomplete

CONTINUE

[\[General Info\]](#)

2. If the sponsor also has camp sites, the camp sites will be listed separately.

Summer Food Service Program (SFSP)  
List of Approved Site-Camp  
759464 - U W Eau Claire

List below is/are site(s) approved for claim reimbursement. Select each site / camp by clicking a site number and provide participation information. Agency has to do this for all the site(s) listed below for your claim to be processed.

Site No.	Site-Camp Name	Type of Site	Participation Information
759464	U W Eau Claire	NYSP Non-camp	Incomplete
3525	UW-Eau Claire - Upward Bound	Camp	Incomplete

CONTINUE

[\[General Info\]](#)

3. Click on the number in front of "All Other Non camp" or "NYSP Non camp" to begin entering meal count data for all of the non-camp sites. Click on the number in front of the camp site to enter meal count and session data for each camp site.



## Non-camp Site Claim Entry

- Each site that is approved to operate in the claim month will be listed by Site No., Site Name, and Type. The claim data for each site will need to be entered **separately**. Click on the Site No. for one of the sites to open the screen where claim data for all non-camp sites can be entered.

Summer Food Service Program (SFSP)  
[Non-Camps Only Participation Reimbursement Information]

402647 - Boys & Girls Clubs of Greater Milwaukee

Listed below is/are Non-Camp Site(s) approved for selected date claim reimbursement. Click Site No. and provide participation informations for all Site(s) you like to submit claim.

Site No.	Site-Camp Name	Type of Site	Submitted
<a href="#">13195</a>	LaVarnway Boys & Girls Club	Open	No
<a href="#">13196</a>	PIEPER-HILLSIDE Boys & Girls Club	Open	No
<a href="#">13197</a>	MARY RYAN Boys & Girls Club	Open	No
<a href="#">13198</a>	Daniels Mardak	Open	No

CONTINUE

Note: Optionally, to submit non-camp claim information using XLS file. Click the "Download Template file" link below and update the downloaded template file with your claim data and upload it using "Upload Claim File" link. Follow claim instruction for details on File Upload.

[Download Template File](#)      [Upload Claim File](#)

- Enter the TOTAL Days of Service for each site for the claim period. If combining claims, this will be the number of days in each month combined.
- Enter the total number of 1<sup>st</sup> meals served to CHILDREN only. Meals are reported by type (breakfast 1, lunch 1, supper 1, supplements 1). Only approved meal types can be claimed for reimbursement.

**IMPORTANT** - Report the number of 2<sup>nd</sup> meals served for each meal type (noted as Breakfasts 2, Lunches 2, Suppers 2, or Supplements 2) on the claim screen. If the total number of 2<sup>nd</sup> meals served by type exceeds the allowed 2% of the first meals served; report only the maximum number allowed to be claimed for reimbursement. Determine the number allowed by multiplying the number of first meals served by 2%. That number is the maximum number of 2<sup>nd</sup> meals that may be claimed.

Summer Food Service Program (SFSP)  
[Non-Camps Only Participation Reimbursement Information]

402647 - Boys & Girls Clubs of Greater Milwaukee

Enter Zeros in meal column(s) that do not apply. Do not use commas when entering numbers.

	Days of Service	Breakfasts 1	Breakfasts 2	Lunches 1	Lunches 2	Suppers 1	Suppers 2	Supplements 1	Supplements 2	Total ADA	Exclude
13195 - LaVarnway Boys & Girls Club	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
13196 - PIEPER-HILLSIDE Boys & Girls Club	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
13197 - MARY RYAN Boys & Girls Club	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
13198 - Daniels Mardak	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

SAVE

**Enter "0" (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.**

If a site was approved to operate but no meals will be claimed in the claim month, check the "Exclude" box.

- The ADA (Average Daily Attendance) calculates automatically from the number of meals and days of service entered for each site. Do not change the calculated ADA.
- When finished entering the number of meals served by type, click on the "Save" button at the bottom of the page to continue.

## Non-camp Site Claim Entry Continued

6. After clicking on the “Save” button as indicated above, the screen below will appear. The word “Complete” should be indicated behind each site number for which the data was entered. If your agency is also entering camp site data, please go to page 10 for further instructions.

Summer Food Service Program (SFSP)  
List of Approved Site-Camp  
10014 - Adams-Friendship School District

List below is/are site(s) approved for claim reimbursement. Select each site / camp by clicking a site number and provide participation information. Agency has to do this for all the site(s) listed below for your claim to be processed.

Site No.	Site-Camp Name	Type of Site	Participation Information
10014	Adams-Friendship School District	All Other Non-camp	Complete

[CONTINUE](#)

[\[General Info\]](#)

**IMPORTANT:** If you only have one site number, and the word “Complete” has appeared on this screen, proceed by clicking on “Continue” to review data and submit claim! If “Incomplete” appears, the data has not been entered or accepted correctly. In that instance, click on the Site No. and re-enter the meal data as described above.

## Non-camp Site Claim Entry Using the Template

1. Sponsors with a large number of SFSP sites, may wish to upload an Excel file with meal counts instead of entering the meal counts for each site manually into the claim system. On the non-camps site list page, click “Download Template File.”

Summer Food Service Program (SFSP)  
[Non-Camps Only Participation Reimbursement Information]

402647 - Boys & Girls Clubs of Greater Milwaukee

Listed below is/are Non-Camp Site(s) approved for selected date claim reimbursement. Click Site No. and provide participation informations for all Site(s) you like to submit claim.

Site No.	Site-Camp Name	Type of Site	Submitted
13195	LaVarway Boys & Girls Club	Open	Yes
13196	PIEPER-HILLSIDE Boys & Girls Club	Open	Yes
13197	MARY RYAN Boys & Girls Club	Open	Yes
13198	Daniels Mardak	Open	Yes

[CONTINUE](#)

Note: Optionally, to submit non-camp claim information using XLS file. Click the "Download Template file" link below and update the downloaded template file with your claim data, and upload it using "Upload Claim File" link. Follow claim instruction for details on File Upload.

[Download Template File](#) [Upload Claim File](#)

## Non-camp Site Claim Entry Continued

- Open the Excel file download and *remove all column headers*. Delete the Excel row for any site(s) that did not operate in the claim month and then save to your computer. Note: You can create your own Excel file to upload into the claim system as long as it is in the same format as the prototype.
- Enter the Days of Service and Meal Counts (for first and second meals served to CHILDREN) for the claim period and save to your computer.
- Back on the non-camps site list screen in Online Services, click **“Upload Claim File.”** A screen will pop-up, “Uploaded Site(s) Claim Information.”
  - Click the **“Choose File”** button.
  - Select the Excel claim file from your computer and click **“Open.”**
  - Back on the Uploaded Site(s) Claim Information page, click **“Upload.”** All data from the Excel spreadsheet will prepopulate on the “Non-Camps Only Participation Reimbursement Information” page.
  - Click **“Save.”**
  - Make sure each site that you are claiming for is indicated as **“Complete”** and hit the **“Continue”** button. If any site is **“Incomplete”** go back and modify the claim data prior to submitting the claim.

**IMPORTANT:** If you only have one site number, and the word “Complete” has appeared on this screen, proceed by clicking on “Continue” to review data and submit claim! If “Incomplete” appears, the data has not been entered or accepted correctly. In that instance, click on the Site No. and re-enter the meal data as described above.

Summer Food Service Program (SFSP)  
Uploaded Site(s) Claim Information

402647 - Boys & Girls Clubs of Greater Milwaukee

Selected Date Claim: 08/01/2019

[Uploaded Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File : Choose File No file chosen



## Submission and Confirmation

- Review the claim information entered. If the information is correct, enter the claim Preparer Name and Telephone No. and click **“Submit.”**

**If you do NOT click on the ‘Submit’ button, the claim will not get processed and paid.**

- A second screen will appear which will confirm the submission of the claim. **YOU ARE DONE.** For more information on how to modify, print or view your claim turn to page 14.

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an over claim and may result in the withholding of payments, suspension, or termination of the program. I understand that the information on this claim is being given in connection with the receipt of federal funds and that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Preparer Name and Telephone No.:

Submit

[General Info] [Camp-Noncamp Site(s) List]

## Camp Site Claim Entry

1. Camp sites are issued their own camp site code within the on-line system. These camp site codes can be found on the approved Site Application. Each camp site approved for the claim period will appear on this screen.
2. To begin entering camp site enrollment and meal count data, click on the corresponding camp site code.
3. Fields to enter session data will appear. Up to 15 sessions may be entered for each camp site.
4. The following information is entered for each specific session:
  - beginning and ending date
  - total days of service
  - average daily attendance
  - total children enrolled
  - number of “Needy” Children – this is the number of children approved ‘needy’ or for free or reduced-price school meals
  - total number of meals served to all CHILDREN, by type (Breakfast, Lunch, Supper, Supplements). Only approved meal types can be claimed for reimbursement.

**Summer Food Service Program (SFSP)**  
List of Approved Site-Camp  
759464 - U W Eau Claire

List below is/are site(s) approved for claim reimbursement. Select each site / camp by clicking a site number and provide participation information. Agency has to do this for all the site(s) listed below for your claim to be processed.

Site No.	Site-Camp Name	Type of Site	Participation Information
759464	U W Eau Claire	NYSP Non-camp	Incomplete
3525	UW-Eau Claire - Upward Bound	Camp	Incomplete

CONTINUE

[\[General Info\]](#)

**Summer Food Service Program (SFSP)**  
[Camps Only Participation Reimbursement Information]  
759464 - U W Eau Claire  
3525 - UW-Eau Claire - Upward Bound ( Camp )

**Provide Number of Meals Served Per Session to Eligible Children in May, 2000 for Reimbursement**  
Enter Zeros in meal column(s) that do not apply. Do NOT use commas when entering numbers.

Session #	Start Date mm/dd/yyyy	End Date mm/dd/yyyy	Days of Service	ADA	Total Kids	Needy Kids	Breakfast	Lunches	Supper	Supplement
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Enter “0” (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.

Determining ADA: 1. Identify each individual session’s primary meal service (i.e., meal service with highest total number meals served) during the claim period; 2. Divide the total number of meals served at the session’s primary meal service by the number of operating days for that session, for that claim period, to obtain the session’s ADA. Round up. After entering data for each session, click on “Continue” at the bottom of the page to continue.

## Camp Site Claim Entry Continued

1. After clicking on the “Continue” button as indicated above, the screen to the right will appear. The word “Complete” should be indicated behind the site number in which the data was entered.
2. **IMPORTANT:** If the word “Complete” has appeared on this screen for each site number that is listed, proceed by clicking on “Continue” to review data and submit claim! If “Incomplete” appears, the data has not been entered or accepted correctly. In that instance, click on the site number and re- enter the meal data as described above.

**Summer Food Service Program (SFSP)**  
**List of Approved Site-Camp**  
**759464 - U W Eau Claire**

List below is/are site(s) approved for claim reimbursement. Select each site / camp by clicking a site number and provide participation information. Agency has to do this for all the site(s) listed below for your claim to be processed.

Site No.	Site-Camp Name	Type of Site	Participation Information
759464	U W Eau Claire	NYSP Non-camp	Complete
3525	UW-Eau Claire - Upward Bound	Camp	Complete

[General Info]

3. Review the claim information entered. If information is correct, enter the claim Preparer Name and Telephone No. and click on “Submit”
4. A second screen will appear which will confirm the submission of the claim.

**YOU ARE DONE.** For more information on how to modify, print or view your claim, see below.

**759464 - U W Eau Claire**

*Review claim information, certify it by entering your name and phone number and submit it for reimbursement.*

Is this the Final Claim?	No	Prior Month
Claim Date:	05/01/2008	Prior Month Days of Service
Days of Service for Claim Month	10	Following Month
Is Agency Combining Claim?	No	Following Month Days Of Service

**Participation By Type of Site (Non camps Only)**

Type of Site	Number of Sites	Days of Service	Total ADA	Meal Type	Breakfasts	Lunches	Suppers	Supplements
NYSP Non-camp	1	10	100	1st Meal	900	1,000	0	0
				2nd Meal	0	0	0	0

**Participation By Type of Site (Camps Only)**

Sess.#	Start Date mm/dd/yyyy	End Date mm/dd/yyyy	Days of Service	ADA	Total Kids	Needy Kids	Breakfast	Lunches	Supper	Supplement
UW-Eau Claire - Upward Bound										
1	05/19/2008	05/30/2008	10	100	100	97	900	1,000	900	0

**[CERTIFICATION]**

**I HEREBY CERTIFY** to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an over claim and may result in the withholding of payments, suspension, or termination of the program. I understand that the information on this claim is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Preparer Name and Telephone No.:

## [View and Print Claims](#)

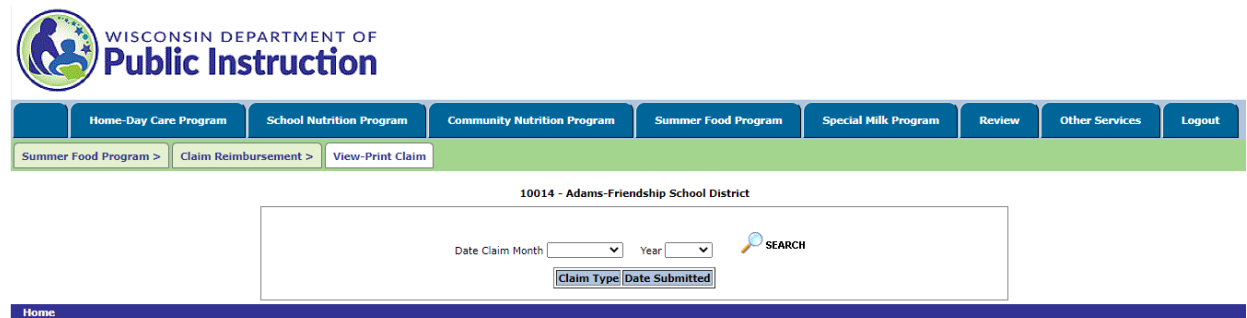
View and/or print claim(s) after it has been submitted to DPI via the “View-Print” Menu.

1. To get to the ‘**View-Print Claim**’ screen, select: Home, Summer Food Program, Claim Reimbursement, View/Print Claim.



2. Select Claim Month and Year from the drop down list box, and
3. Click the “**Search**” button.

If the claim is found for the given criteria, the claim and the date the claim was submitted will appear. Click on the words “New (paid)” under the “Claim Type” link to view or print the detailed claim.



## [Amending Claims](#)

Claims that have not been processed by DPI must be amended online. After a claim has been processed by DPI it CANNOT be amended online. Processing of claims is completed, in most cases, on Tuesday mornings.

**Amending Claim Prior to DPI Processing:** Follow the steps to enter a claim that begin on page 4 of this manual. The unprocessed claim will be available for selection on the ‘Participation Reimbursement Information – Parent Form’ screen.

### **Amending Claim After DPI Processed Claim:**

1. Print the claim by following directions in the ‘View and Print Claims’ section on the previous page.
2. Draw a line through any item that must be changed (e.g., number of meals, average daily attendance) and write in correct number(s).
3. Sign, date and email a scanned copy to [Najat.shorette@dpi.wi.gov](mailto:Najat.shorette@dpi.wi.gov).

## Contacts

If you do not know your password or wish to request a new one, or if you need assistance completing the claim online, contact:

Primary Contact: Najat Shorette at 608-266-6856; [Najat.shorette@dpi.wi.gov](mailto:Najat.shorette@dpi.wi.gov)  
Secondary Contact: Jacque Jordee at 608-267-9134; [jacqueline.jordee@dpi.wi.gov](mailto:jacqueline.jordee@dpi.wi.gov)

## USDA Nondiscrimination Statement

**Non-discrimination 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, disability, age, 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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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).

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