

Everyday Eats Recertification Form



Name of Applicant				
Telephone Number		County		
Physical Address (Street, City, Zip Code)				
Mailing Address (If Different) (Street, City, Zip Code)				
Client Case Number	Applicant's Date of Birth			Total No. Living In Household
 Certification Criteria Participants address and continued interest in receiving Everyday Eats benefits has been verified. Local agency has sufficient reason to believe participant (s) still meets the income eligibility standards (e.g. the elderly person has a fixed income) Local agency has notified participant verbally or in writing of the period of the extension. 				
Certifying Official Signature	Date Certi			eriod: First Month/Last Month:
Certifying Official Signature	Date Certi	fied	Certification Pe	eriod: First Month/Last Month:

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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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <u>How to File a Complaint</u>, 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:

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.

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