

Head of Household:	Date:
Address:	
Phone #:	
I hereby verify that I have had no changes in income, household size and if any changes occur, I agree to report those changes within 10 days to the Spirit Lake Food Distribution Program.	
Signature	Social Security Number

<u>OFFICE USE ONLY</u>	
Certification Period extended to	
Authorized by:	
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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <u>https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-</u> <u>17Fax2Mail.pdf</u> , from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov	

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