

SEPARATE HOUSEHOLD STATUS STATEMENT

Date: _____
AZTECS Case No.: _____
HEA ID: _____
Case Name (<i>Last, First, M.I.</i>): _____
Worker's D-Number: _____

In order to assist your DES Worker to make an accurate determination of your household's food buying and cooking arrangements, please list the persons in your home that buy and cook their meals with and/or for you:

Name (<i>Last, First, M.I.</i>)	Name (<i>Last, First, M.I.</i>)

Please list the names of other persons living in your home who do not buy and cook their meals with you:

Name (<i>Last, First, M.I.</i>)	Name (<i>Last, First, M.I.</i>)

Is there an elderly (60 years of age or older) disabled person in your home who is unable to buy and cook his/her own meals? Yes No

I certify that the above information is true and correct and reflects the food buying and cooking arrangement of myself and the other persons in my home.

Applicant/Recipient's Signature: _____ Date: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

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 <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, 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:

1. mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/ TDD Services: 7-1-1.