

**Please Make Selection:**

- Full Session- 28 days July 1 to August 9  
(not including July 4 & 5)
- Partial Session - 1<sup>st</sup> Session  
13 days - July 1 to July 19  
(not including July 4 & 5)
- Partial Session - 2<sup>nd</sup> Session  
15 days - July 22 to August 9



**Children's Aid**

- I would like my child to be grouped with this child:  
\_\_\_\_\_
- I would like my child to be bused from this Children's Aid Center:  
\_\_\_\_\_

# Wagon Road Summer Day Camp Enrollment Form 2024

Wagon Road Camp, 431 Quaker Road, Chappaqua, NY 10514

Summer Camp 2024: Monday July 1<sup>st</sup> to Friday August 9<sup>th</sup>

This form must be completed and signed by the parent or guardian of a camper enrolling in summer day camp.

## YOUTH INFORMATION

Last Name	First Name
Home Address	Apartment #
City, State, Zip	Home Phone
Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Response
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> No Response	Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> No Response
Preferred Language	2024-2025 School
2023-2024 School	Grade Completed in Spring 2024
School Address 2023-2024	Receiving School Services <input type="checkbox"/> Special Education <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> English Language Learner (ELL) <input type="checkbox"/> Free/Reduced Lunch
School Type <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other	Names of other siblings or household members enrolling in this program
Names of other siblings or household members enrolling in this program	<p>Wagon Road Summer Day Camp is a mainstream camp for neuro-typical children, 6-13. <b>We make reasonable accommodations for applicants with special needs and IEPs on a case by case basis.</b> If you child has a special need or IEP, give the details of their condition below and sign the Release of Information form. In this instance, the Release of Information form is required, in order for your child to attend the camp.</p>
Campers with Special Needs and Individualized Education Program (IEPs)	

# PARENT/GUARDIAN INFORMATION

If there is an emergency, please contact:

Parent/Guardian #1

First Name	
Last Name	
Home Address	
City, State, Zip	
Primary Phone	
Secondary Phone	
Parent Email	
Preferred Language	
Relationship to Youth	

Parent/Guardian #2

First Name	
Last Name	
Home Address	
City, State, Zip	
Primary Phone	
Secondary Phone	
Parent Email	
Preferred Language	
Relationship to Youth	

# ADDITIONAL EMERGENCY CONTACTS

Please identify TWO individuals OUTSIDE OF YOUR HOME who may be called if parents/guardians are not available.

Full Name		Full Name	
Pickup	If this person may also pick up your child, check here: <input type="checkbox"/>	Pickup	If this person may also pick up your child, check here: <input type="checkbox"/>
Relationship to Youth		Relationship to Youth	
Primary Phone		Primary Phone	
Secondary Phone		Secondary Phone	
Contact Email		Contact Email	

# PROGRAM PICK UP / DISMISSAL

<b>Permission to pick up child.</b> My child may be picked up at dismissal by me or one of the following individuals over the age of 16:	Name	Relationship to Youth	Phone
	Name	Relationship to Youth	Phone
<b>DO NOT RELEASE my child to the following people:</b>	Name	Relationship to Youth	
	Name	Relationship to Youth	
<b>Order of Protection</b>	I have an order of protection with the individual(s) listed above and/or other individuals: <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ If yes, which individuals:		

# CONSENTS

## Consent to Participate

**Admission:** I affirm that I am the parent/guardian of the above name child, and I authorize Children's Aid to admit my child into Wagon Road Day Camp. My child may participate in all activities: swimming, horsemanship, high and low ropes course, sports, archery, inflatable water slide, Gaga ball, cooking, gardening, drama, music, dance, arts, hiking, zip line, group performances, initiatives, nature study, guest performances, camp carnival, small group games, and activities that build skills of caring for self and others. I give permission for my child to eat the food served at the camp. This authorization applies unless I specify in writing that my child not participate in an activity. The information on my child in this application is true & accurate, and any falsification or withholding of information is grounds for termination of service.

**Overnight Camping:** I understand that there is one overnight offered for each camper. There is no additional charge and it is optional. By signing this consent, I grant my child permission to participate in the overnight, but realize that he/she is not obligated to participate. I understand that the overnight will include specialist run activities, campfire, optional night hike, and other recreational activities consistent with Wagon Road Camp programming.

**Lost Articles:** I understand that Children's Aid is not responsible for lost articles, and understand that it is recommended that items of great value are not brought to camp.

### Sunscreen:

- My child is allowed to bring sunscreen to camp and apply it to him/herself:  Yes  No
- Wagon Road Staff may apply camp sunscreen to my child daily & as needed:  Yes  No

### Bug Repellant:

- My child is allowed to bring bug repellant to camp & apply it to him/herself:  Yes  No
- Wagon Road Staff may apply camp bug repellant to my child as needed:  Yes  No

Parent's Name (printed) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Emergency Medical/Dental Care

If my child, \_\_\_\_\_, requires emergency medical or emergency dental care, and I cannot be reached, I give consent to Children's Aid program to obtain the necessary medical or emergency dental care for my child. I agree to pay all of the costs associated with the emergency medical or emergency dental care that my child receives. I understand that every effort will be made to contact me before and after medical or dental care is provided. **I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.**

Parent's Name (printed) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent for Photo/Videotaping and Use of Youth Work

Please be aware that sometimes, staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both in camp and away from camp. In some cases, they may photograph, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes of the program, with or without the participant's name, to promote the programs in printed and electronic media published by our agency, such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs.

I understand my child, \_\_\_\_\_, may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.  Yes, I give my permission  No, you do not have permission  
I understand that my child's, \_\_\_\_\_'s, work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program.  Yes, I give my permission  No, you do not have permission

Parent's Name (printed) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Camper \_\_\_\_\_

Date of Birth \_\_\_\_\_

**2023 HEALTH INFORMATION (TO BE COMPLETED BY CHILD'S PARENT OR GUARDIAN)**

This confidential information will be used only to ensure the safety of your child while he/she is in our programs.

CONDITION	NO	YES	Date of last occurrence:
Asthma			
Does child use an inhaler?			
Convulsions/Seizures			
Diabetes			
Obesity			
Chicken Pox			
Measles			
Congestive Illness (e.g. heart murmur/disease, blood pressure)			
Behavioral/Emotional Issues			
Corrective Device ( hearing aid, glasses)			
Physical Disability			
EpiPen			

ALLERGIES	NO	YES	If YES, specify reaction:
Penicillin			
Topical Ointments			
Insect Stings			
Hay Fever			
Plants			
Other Medicines			
Foods			
<b>Please provide details about any conditions/allergies checked above or any conditions/allergies not listed:</b>			

**Health Care Needs.**1. Does your child have any food restrictions?  Yes  No

⇒ If yes, please describe:

2. Are there any activities your child cannot participate in?  Yes  No

⇒ If yes, please describe:

3. Does your child have special health care needs?  Yes  No

⇒ If yes, please complete the "Individual Health Care Plan for a Child with Special Health Care Needs" form

4. Does your child take medication for any condition or illness?  Yes  No

⇒ If yes, please describe:

5. Will your child need to access any medications while in our program?  Yes  No

⇒ If yes, please complete the "Medication Authorization" form

6. Is your child vaccinated against COVID 19?  Yes  No **Note: Vaccination is not required to attend camp.**

⇒ If yes, please provide proof of vaccination.

**Health Care Provider.** Please bring a medical form (attached) completed by the child's doctor in the past year.

Child's Doctor:

Doctor's Phone:

Doctor's Address:

**Health Insurance.**

Insurance Carrier:

Policy Number:

**Parent Signature****Date**



# Children's Aid

Every step of the way

## Wagon Road Camp

Phone: 914-238-4761

431 Quaker Road, Chappaqua, NY 10514

FAX: 914-238-0714

Cell: 917-634-6616

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## Summer Day Camp Special Consent 2024

Please note the following special conditions of the 2024 Summer Camp at Wagon Road. All caregivers must consent to these conditions for their children to be enrolled in the camp.

### Camp Operating Rules 2024 related to COVID:

These guidelines will be in effect unless the DOH Guidance requires us to change them. In which case you will be notified.

Last summer there were no cases of COVID reported Wagon Road Camp. This was the third year where there has been no spread of COVID during the summer day camp.

- Neither staff nor campers need to be vaccinated, but it is highly recommended.
- The camp program will operate with a pre-Pandemic organization. That is there are no restrictions on activities or interactions among the campers and staff.
- This summer the camp will have an enrollment of 300 campers.
- No daily screening

### - Conditions:

1. Screening: Daily screening is not required. Any staff or camper who exhibits illness at the camp will be tested for COVID. If found to have COVID, the camper or staff will be isolated and sent home.
2. We will contact you regarding when you child can return to camp based on Department of Health and Center for Disease Control guidance.

Since we are returning to pre-Pandemic, we cannot promise or guarantee that any pathogen will not enter Wagon Road. Participating in the camp program means there will always be a risk of your child becoming ill with a communicable disease. We want you to be fully aware of this risk in deciding to send your child to camp, and that you are willing to accept and assume this risk on your child's behalf.

**New Policy for Summer 2024 - Regarding Campers' Cell Phone:**

1. Campers possessing cell phones at camp is a serious threat to their social and emotional safety. From the distraction of using them, to the stress of losing them, to the danger of inappropriate use, cell phones stop campers from fully engaging in activities.
2. **Policy:** Campers are not allowed to have in their possession a cell phone while at camp. Campers may still have their phone while they are on the bus to and from camp.
3. At any time during the program day, you can reach your child by calling the camp office. We will ensure that you and your child can talk by phone as needed.

**Process:**

- Upon arrival at camp, campers must give their cell phones to the camp staff.
- The cell phones will be individually “bagged and tagged”, and kept securely in the office.
- We are not responsible for the state of the phones or any damage that occurs.
- It is recommended that campers leave their cell phone at home.

**Violations: Campers who retain their phones once they arrive at camp will be subject to disciplinary action up to and including expulsion.**

**Acknowledgement:**

I have chosen to have my child attend Wagon Road Camp during the summer of 2024. I acknowledge that my child will be responsible for following all Camp rules as directed, including the cell phone policy. I also understand that participating in the Camp’s activities may place my child at greater risk of contracting a communicable disease, which my family has discussed this risk, and are willing to assume this risk.

I give my consent for you to administer a COVID Test at camp at the discretion of the Camp Director and or Camp Nurse.

I acknowledge and agree that we waive all rights and will hold Children’s Aid harmless for any resulting illness or damage to their cell phone, if brought to camp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Name



# Summer Day Camp Annual Physical Form 2024

(TO BE COMPLETED BY CHILD'S PHYSICIAN)

Wagon Road Camp, 431 Quaker Road, Chappaqua, NY 10514

Phone: 914-238-4761 Fax 914-238-0714 E-mail: [wpsc@childrensaidnyc.org](mailto:wpsc@childrensaidnyc.org)

The purpose of this form is to provide the staff with pertinent information, which will service the needs of the camper in Wagon Road Summer Camp. **Physician must sign this form.**

**Name of Camper** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Immunization History: Fill in or attach record	Dates:
DTP Series	
Booster	
Tdap	
Polio	
MMR	
Hepatitis A	
Hepatitis B	
Meningococcal Vaccine	
Varicella (Chicken Pox)	

Medical Examination: Fill out by licensed Physician/Nurse Practitioner				Code: S=Satisfactory X=Non-Satisfactory (explain)			
General Appearance:							
Height:		Weight:		Blood Pressure:			
	Code		Code		Code		Code
Posture & Spine		Throat & Tonsil		Eyes		Vision	
Glasses		Extremities		Heart		Ears	
Hearing		Feet		Lungs		Skin	
Nose		Teeth		Abdomen		Hernia	
Genitalia							

<b>Asthma</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please Describe Asthma:</b>
<b>EpiPen Needed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>****If yes, Summer Day Camp Inhalers and Epi-Pen/Avi-Q Authorization Form is required</b>
<b>Allergies</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Provide Allergy Details:</b>
<b>Other Medical or Behavioral Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please Describe:</b>
<b>Abnormal findings or handicapped conditions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please Describe:</b>
<b>Physical restrictions while in camp</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Restrictions:</b>  <b>Special Diet:</b>  <b>General Appraisal:</b>

I have examined the herein described, review his/her health history, and it is my opinion that he/she is physically able to engage in Day Camp activities (except as noted above).

\_\_\_\_\_  
(Examining Physician/Nurse Practitioner)

\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date of Exam)



# Summer Day Camp Medication Authorization Form 2024

Wagon Road Camp, 431 Quaker Road, Chappaqua, NY 10514

Phone: 914-238-4761 Fax 914-238-0714 E-mail: [wrsc@childrensaidnyc.org](mailto:wrsc@childrensaidnyc.org)

In order for medication to be administered to participants. This document must be fully completed and **signed by both the parent and physician.**

**The following rules must be followed:**

1. All prescription, over the counter (OTC) medications, medicated creams & vitamins/herbal supplements provided by the parent require both doctor's order and parent permission.
2. All items must be delivered to camp in the original pharmacy or OTC containers.
3. Unless campers are authorized to carry and self-administer medications like inhalers and Epi-Pens (see attached page), these items must be delivered to the camp and remain there for use. If the guardian cannot comply with this requirement, they must discuss transport with the camp director.
4. All prescription, OTC medications medicated creams & vitamins/herbal supplements must be current and unexpired.

**Name of Camper** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Primary Phone #** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Primary Phone #** \_\_\_\_\_

I give permission for the onsite medical designee to administer the following medications for the above-named participant:

Medication/OTC/Vitamin Supplement/Cream	Condition Treated	Dosage By mg/ml	Route	Frequency/Time	State if PRN & Condition for use.

**This list of OTC Medications can be given to your child only if you and your doctor approve. Please circle "yes" or "no" for each.**

OTC Medications	Dosage	Route	Schedule	Conditions for PRN	Indicate Below	
					Yes	No
Tylenol 325 mg.	Per label by age/weight	Orally	Q 4 hr. pm	Pain or Fever > 100F	Yes	No
Motrin 200 mg.	Per label by age/weight	Orally	Q 6 hr. pm	Pain or Fever > 100F	Yes	No
Mylanta 15 cc	Per label by age/weight	Orally	Q 4 hr. no> 3/24 hr	Minor GI Discomfort	Yes	No
Tum Tablets	Per label by age/weight	Orally	Q 4 hr, no> 3/24 hr	Minor GI Discomfort	Yes	No
Calamine Lotion	Affected area	Topical	Q2-4 hr, prn	Itching Rash	Yes	No
Aloe Gel	1 Packet for affected area	Topical	Q 2-4 hr, prn	Sunburn Discomfort	Yes	No

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **NYS License #** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Summer Day Camp Inhalers and Epi-Pen/Avi-Q Authorization Form 2024

Wagon Road Camp, 431 Quaker Road, Chappaqua, NY 10514  
Phone: 914-238-4761 Fax 914-238-0714 E-mail: [cayala@childrensaidnyc.org](mailto:cayala@childrensaidnyc.org)

In order for Campers to be allowed to carry Asthma Inhalers and Epi-pens at camp, campers may be authorized to self-administer these two medications only when this authorization form is completed by both the parent/guardian and the camper's physician.

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

## Inhalers

I certify that my child has been instructed in the proper procedure to self-administer the asthma medication listed below:

Name of Asthma Inhaler Medication: \_\_\_\_\_

My child is competent in the self-administration of this medication and can take responsibility for administering this medication in the proper dose and frequency. My child has my authorization to carry this medication while at camp. I further state that my child's physician has given consent for my child to self-administer and to carry this medication while at camp.

I understand that if my child self-administers this medication, my child will be taken directly to the camp nurse for monitoring.

Please check the appropriate box:

My child will carry the medication to and from camp each day and carry it around camp during the day.

The inhaler will be stored in the infirmary; my child will pick it up each day and return it before leaving.

I understand that if my child is using the medication unsafely, irresponsibly or fails to keep it out of reach of other campers, I will be called and a decision will be made to address this misuse for the protection of my child and other campers. I understand that Wagon Road Camp is not responsible for lost, stolen, or improperly discharged medication.

## EpiPens/Auvi-Q

I certify that my child has been instructed in the procedure to self-administer Auto Injector Medication for Anaphylaxis listed below:

Name of Auto-Injector Medication: \_\_\_\_\_

My child is competent in the self-administration of this medication and can take responsibility for administering this medication when Anaphylaxis is imminent. My child has my authorization to carry this medication while at camp. I further state that my child's physician has given consent for my child to self-administer and to carry this medication while at camp.

I understand that if my child self-administers this medication, my child will be taken directly to the camp nurse for monitoring.

Please check the appropriate box:

My child will carry the medication to and from camp each day and carry it around camp during the day.

The medication will be stored in the infirmary; my child will pick it up each day and return it before leaving.

I understand that if my child is using the medication unsafely, irresponsibly or fails to keep it out of reach of other campers, I will be called and a decision will be made to address this misuse for the protection of my child and other campers. I understand that Wagon Road Camp is not responsible for lost, stolen, or improperly discharged medication.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ NYS License # \_\_\_\_\_ Date: \_\_\_\_\_

**INCOME ELIGIBILITY FORM  
SUMMER FOOD SERVICE PROGRAM  
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

If you need help, call **[phone number of Sponsor]**

**Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:**

**Part 1:** List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is NOT required.

**Part 5:** Answer this question if you choose to.

**If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:**

**Part 1:** Enter the child's name.

**Part 2:** Please contact us at **[phone number of Sponsor]**

**Part 3:** Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

**Part 4:** Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

**Part 5:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each participant's name.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column A—Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B—Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column C—Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 5:** Answer this question if you choose to.

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** 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), disability, age, 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 responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 (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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

