SHARING INFORMATION WITH OTHER PROGRAMS 26-27

Dear Parent/Guardian:

With your permission, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. Sending in this form will not change whether your children get free or reduced price meals.

Please check (✔) the box or boxes that apply

If I want my children to receive ALL ELIGIBLE BENEFITS, I will check (✔) the box in the left-hand column below. If I want my children's information shared with only specific programs, I will check (✔) only the box or boxes from the right-hand column that describe the programs. I understand that not all benefits and programs described below will be available to students at every school and at every grade level.

☐ **All Eligible Benefits** **OR** **Specific Programs**

- ☐ Student Fees: Registration Fee, Athletics, Activities
- ☐ Assistance to Students & Families: Information about Community Gift-Giving program, Athletic passes for district sporting events
- ☐ Test/Application Fees: AP test fees (discounted), ACT/SAT fees waiver, college application fees

☐ **No, I DO NOT want my children's information regarding eligibility status in the federal Free and Reduced-Meals program shared with the programs listed above.**

Child's Name: _____School:_____

Child's Name: _____ School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Beckie Hess** at **608-842-6512** or e-mail at **foodservice@deforestschools.org**.

Return this form to: **District Office/Food Service, 500 S Cleveland Ave, DeForest, WI 53532**.

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: How to File a 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.

This institution is an equal opportunity provider.