

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, 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. For the following programs, we must have your permission to share your information. Please sign for those additional benefits below if you are interested in receiving them. By signing for the benefits, you are certifying that you are the parent/guardian of the child(ren) for whom the application is being made. **Note:** *Sending in this form will not change whether your children get free or reduced price meals.*

No! I do **NOT** want information from my Free and Reduced Price School Meals/Milk Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with *Warm the Children sponsored by the Kiwanis Club of Middletown.*

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with *Weekend Child Nutrition Program sponsored by Durham Middlefield Youth & Family Services.*

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with *Durham & Middlefield Social Service Agencies.*

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with *Workforce Alliance (CRHS students only).*

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with *CRHS Guidance Office for testing fees (i.e., SAT, AP, ACT).*

If you checked yes to any or all of the boxes above, complete the information below and sign the form. Your information will be shared only with the persons and applicable programs you checked.

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 Sue Gaudreau at 860-349-7200, Ext. 237. Return this form to any District 13 school and it will be forwarded to the Superintendent's Office.

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, audiotope, 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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.