



School Nutrition
830 Virginia Avenue
Sheboygan, WI 53081-4427
Phone: 920-459-3568
Fax: 920-459-3294

SHARING INFORMATION WITH OTHER PROGRAMS 23-24
****CONFIDENTIAL INFORMATION****

Dear Parent/Guardian:

To save you time and effort, if your family is on free or reduced meals for the 23-24 school year either from a lunch application or Direct Certification the information may be shared with other programs for which your children may qualify. **For the following program, we must have your permission to share your information, no benefit will be given unless this form is returned. 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 Application shared with any programs.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application. The program is called (*check only one box, 1 form is needed per each individual program listed below*):
 - Free eyeglasses
 - Discount testing fees AP
 - Internet Stipend for online students
 - Discount registration fees at Rec Dept or Boys & Girls Club
 - Discount instrument rental or choir
 - Fee for college applications/CAPP

If you checked yes to the box above, fill out the form below. The free/reduced information is confidential and will only be used for the specific program listed.

- Child's Name: _____ School: _____
- Child's Name: _____ School: _____
- Child's Name: _____ School: _____
- Signature of Parent/Guardian: _____ Date: _____
- Printed Name: _____
- Address: _____

School Name: _____ (to be returned to)

**Program Contact Person: _____ Phone Number: _____

(**As the program contact person for the school, I understand that this information is **confidential** and will not share with any other program(s))

USDA Nondiscrimination 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:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

For Office Use Only
(Do not write below this line)

Return original form to Dawn Schutte in School Nutrition Services for confirmation of status. A copy of this form will be returned to Contact Person listed above.

Free

Reduced

None