

### **School Nutrition**

830 Virginia Avenue Sheboygan, WI 53081-4427 Phone: 920-459-3568 or 920-803-7904

## **SHARING INFORMATION WITH OTHER PROGRAMS 25-26** \*\*CONFIDENTIAL INFORMATION\*\*\*

### Dear Parent/Guardian:

To save you time and effort, if your family is on free or reduced meals for the 25-26 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 <b>DO NOT</b> want information from my Frewith any programs.	e and Reduced Price School Meals Application shared	
	Yes! I <b>DO</b> want school officials to share information from my Free and Reduced Price School Me Application. The program is listed below; check all boxes that apply:		
	☐ Free eyeglasses ☐ Discount testing fees AP ☐ Internet Stipend for online students  If you checked yes to the box above, fill out the	☐ Discount registration fees at Rec Dept or Boys & Girls Club ☐ Discount instrument rental or choir ☐ Fee for college applications/CAPP	
	confidential and will only be used for the special		
	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)	
**Prog	ram Contact Person:	Phone Number:	
	e program contact person for the school, I understan	d that this information is <b>confidential</b> 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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	