

Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Application for Free and Reduced Price School Meals, your child may qualify for other programs. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! **I DO** want school officials to share information from my Application for Free and Reduced Price School Meals with Counseling for other programs with may include: **other programs for assistance, college admission fee waiver, standardized testing fee waivers.**
- Yes! **I DO** want school officials to share information from my Application for Free and Reduced Price School Meals with **extra assistance programs (could include information about community programs, local food assistance, holiday assistance, coats, school supplies and other necessities.)**
- Yes! **I DO** want school officials to share information from my Application for Free and Reduced Price School Meals with **Community Education and Hartland Athletics.**
- Yes! **I DO** want school officials to share information from my Application for Free and Reduced Price School Meals with **IN school assistance programs (ex. Field Trips, etc.).**

If you check "Yes" to any or all of the boxes above, please fill out form below. Your information will be shared only with the programs you checked.

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 Sandy Enderle at 810-626-2868.

Return this form to: *Student Nutrition, Hartland Consolidated Schools, 10632 Hibner Road, Hartland, MI 48353* or send in with your student to school.

USDA Nondiscrimination Statement

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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 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. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or 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:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: 202-690-7442; or

email: program.intake@usda.gov.

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