

Sharing Information With Other Programs

Dear Parent or Guardian:

To save you time and effort, the information you gave on your Household Eligibility 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. Sending in this form will not change whether your child(ren) receives free or reduced-price meals.**

No! I **DO NOT** want information from my Household Eligibility Application shared with any of these programs.

If you checked *No*, stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I **DO** want school officials to share information from my Household Eligibility Application with

Name of Program Specific to Your School

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

CHILD NAME (First and Last)

SCHOOL

Date

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Address

For more information, you may call: _____

Name *Phone*

Return this form to: _____

Address

Return this form by: _____

Date