

Mamaroneck Union Free School District 2022-23

CONSENT TO RELEASE ELIGIBILITY INFORMATION FOR
FREE AND REDUCED PRICE MEALS OR FREE MILK

8/22

Dear Parent/Guardian:

If your child is eligible for free and reduced price meals or free milk, he/she also may be eligible for other benefits. To receive these benefits, you must provide written consent to permit school officials to give your name, address, and an indication that your household is eligible for free and reduced price meals or free milk, to representatives of certain programs. Failure to sign a consent statement that will allow disclosure of this information will not affect your child's eligibility or participation in the school meals or milk programs.

Some of the programs that may request names and eligibility information to be used to provide benefits, and for which parent/guardian consent is required include: federal health insurance programs such as Medicaid or Children's Health Insurance program (CHIP), other federal programs, State programs, local health and education programs and other local activities. For example, the disclosure of children's eligibility for free and reduced price meals or free milk to determine eligibility for free text books, free band instruments, holiday baskets, school supplies, etc., or reduced fees for summer school or driver education programs, would require written consent by the child's parent/guardian.

If you wish to provide consent to release information contained in your child's free and reduced price meal application, to receive other benefits, please sign below.

Please call Janet LoRusso @ 914-220-3042 if you have questions.

Sincerely,

Child Name (s) _____
X Consent signature _____