

The requesting agency certifies that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) indicated.

Check All That Apply	Program By Category	Information Authorized
<input type="checkbox"/>	<p><i>Medicaid (Apple Health) or the State children's health insurance program (SCHIP), administered by a state or local agency authorized under titles XIX or XXI of the Social Security Act.</i> List Title of Program(s): _____</p>	All eligibility information, unless parents elect not to have information disclosed.
<input type="checkbox"/>	<p><i>State health program other than Medicaid/SCHIP, administered by a state agency or local education agency.</i> List Title of Program(s): _____</p>	Eligibility status only; consent not required.
<input type="checkbox"/>	<p><i>Federal health program other than Medicaid/SCHIP.</i> List Title of Program(s): _____</p>	NO eligibility information, unless parental consent is obtained.
<input type="checkbox"/>	<p><i>Local health program.</i> List Title of Program(s): _____</p>	NO eligibility information, unless parental consent is obtained.
<input type="checkbox"/>	<p><i>Child Nutrition Program under the National School Lunch Act or Child Nutrition Act.</i> List Title of Program(s): _____</p>	All eligibility information; consent not required.
<input type="checkbox"/>	<p><i>Federal/State or local means-tested nutrition program with eligibility standards comparable to the National School Lunch Program.</i> List Title of Program(s): _____</p>	Eligibility status only; consent not required.
<input type="checkbox"/>	<p><i>Federal education program.</i> List Title of Program(s): _____</p>	Eligibility status only; consent not required.
<input type="checkbox"/>	<p><i>State education program administered by a state agency or local education agency.</i> List Title of Program(s): _____</p>	Eligibility status only; consent not required.
<input type="checkbox"/>	<p><i>Local education program.</i> List Title of Program(s): _____</p>	NO eligibility information, unless parental consent is obtained.

III. RESPONSIBILITIES

[_____] will:

Insert Name of Determining Agency

- When required, secure parent's/guardian's consent prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act, unless prior consent is secured by the receiving agency and made available to the determining agency;
- For State Medicaid (Apple Health) and SCHIP notify parents/guardians of potential disclosures and provide opportunity for parents/guardians to elect not to have information disclosed;
- Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

[_____] will:

Insert Name of Receiving Agency

- Ensure that only persons who are directly connected with the administration or enforcement of the program and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:

Specify by name(s) or title(s) _____

- Use children's free and reduced-price eligibility information for the following specific purpose(s):

(Describe) _____

- Inform all persons that have access to children's free and reduced-price meal eligibility information that the information is confidential, that children's eligibility information must only be used for purposes specified above, and the penalties for unauthorized disclosures.
- Protect the confidentiality of children's free and reduced-price meal or free milk eligibility information as follows:
 - **(Specifically describe how the information will be protected from unauthorized uses and further disclosures)** _____

 - **(Describe the procedures for transferring students' meal eligibility information from the determining agency to the requesting agency/program so as to limit the number of individuals who have access to the information)** _____

IV. EFFECTIVE DATES

This agreement shall be effective from _____ to _____.
Fill in Date Fill in Date

V. PENALTIES

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(6)(C) of the National School Lunch Act; 42 USC 1758(b)(6)(C)) or a regulation, any information about a child's eligibility for free and reduced-price meals or free milk shall be fined not more than a \$1,000 or imprisonment of not more than 1 year or both.

VI. SIGNATURES

The parties acknowledge that children's free and reduced-price meal and free milk eligibility information may be used only for the specific purposes stated above; that unauthorized use of free and reduced-price meal and free milk information or further disclosure to other persons or programs is prohibited and a violation of federal law which may result in civil and criminal penalties.

*Any attachments will become part of this agreement.

Requesting Agency/Program Administrator

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

Determining Agency/Program Administrator

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

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