

# Consent to Share Information with Other Programs 2024-2025

Dear Parent/Guardian:

Your child may qualify for other programs, based on the information you gave on your Free and Reduced Price School Meals Family Application. 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 meal prices.

## **INTERNAL – School Related Fees**

Yes, **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application for the following fees: Athletics, Club/Co-Curricular, AP and ACT Testing, College Applications, Before and After School Child Care, Rochester Area Youth Assistance (RAYA) and Others: Examples include Senior Breakfast tickets, Senior All Night Party tickets, field trips etc.

No, **I DO NOT** want information from my Free and Reduced Price School Meals Family Application shared with any of these programs or agencies.

## **EXTERNAL – Community Based Outreach**

Yes, **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with the Executive Director/Administrator of the following organizations and/or programs: Neighborhood House, Community House, Other Social Assistance/Non-Profit Agencies, Rochester Community Schools Foundation, Blessings in a Backpack, Operation School Bell. (Note: your information will NOT be shared with volunteers.)

No, **I DO NOT** want information from my Free and Reduced Price School Meals Family Application shared with any of these programs or agencies.

*If you check **Yes** to one or both of the boxes above, fill out the form below. Your information will be shared with all categories under each box that you check.*

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

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 **RCS Chartwells Dining Services** at **248-726-4602**.

Return this form with your application to: **RCS Food Service Office 1402 W. Hamlin, Rochester Hills, Mi. 48309**

### **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](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](mailto:program.intake@usda.gov).

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