It's More Than a Meal Application!

The information collected on meal applications for the National School Lunch Program (NSLP) can do more than just provide free and reduced-price meals.

Meal Application

School Funding

Maintains funding for student programs and services.

Academic Tests

Reduced registration fees for AP, SAT, and/or ACT tests.

Athletics

Free or discounted fees to participate in most sports.

College Application Fees

Discounted rates on fees associated with applying for college.

Internet Access

Eligible for discounted rates on internet services.

SUN Bucks

Grocery buying benefits when schools are closed for summer.

ARIZONA DEPARTMENT OF EDUCATION

Kyrene School District
8700 S. Kyrene Road
Tempe, AZ 85284
2025-2026

Children need healthy meals to learn. Kyrene School District offers healthy meals every school day.

The meal prices are as follows:
Elementary School Breakfast price is **$1.70**; Elementary School Lunch price is **$3.00**
Middle Schools Breakfast price is **$1.70** at all sites; Middle School Lunch price is **$3.10**
Reduced-price breakfast is **$0.30** and Reduced-price lunch is **$0.40** at all sites

A meal application is not required to be completed. It is available online at linqconnect.com or a paper application is available at your student's school office or can be printed from www.kyrene.org/foodservices.

Please complete only one application per household and list all people in the household on it to help process applications in a timely manner. You may apply online using the computer for parental use in the school office.

This Federal Program is optional. Please review the income guidelines and apply if you think you are eligible.
For more information, please visit the webpage: www.kyrene.org/foodservices
Translated applications are available in 33 languages from a link at the bottom of our webpage.

Your child(ren) may qualify for free meals or reduced-price meals. You will have to pay the regular price for meals until your application is processed, and your eligibility determined. Eligibility from another school district does not automatically update to Kyrene School District.

This packet includes a school meal application for free or reduced-priced meal benefits, application directions, and consent for sharing form. Below are some common questions and answers to help you with the application process.

This program provides one breakfast and one lunch meal per day per student.

1. WHO CAN GET FREE MEALS?

   a. All children in households receiving benefits from **SNAP (Supplemental Nutrition Assistance Program), FDPIR (Food Distribution Program on Indian Reservations)** or **TANF (Temporary Assistance for Needy Families)**, **Direct Certification- Medicaid Free (DC-M Free)** can get free meals regardless of your income

   b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.

   c. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.

   d. Children can get free or reduced-price meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

	How often was income received?									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
Household Size*	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	392	557	783	1,114	848	1,207	1,696	2,413	20,345	28,953
2	529	753	1,058	1,505	1,146	1,631	2,292	3,261	27,495	39,128
3	667	949	1,333	1,897	1,444	2,055	2,888	4,109	34,645	49,303
4	804	1,144	1,608	2,288	1,742	2,479	3,483	4,957	41,795	59,478
5	942	1,340	1,883	2,679	2,040	2,903	4,079	5,805	48,945	69,653
6	1,079	1,536	2,158	3,071	2,338	3,327	4,675	6,653	56,095	79,828
7	1,217	1,731	2,433	3,462	2,636	3,751	5,271	7,501	63,245	90,003
8	1,354	1,927	2,708	3,853	2,934	4,175	5,867	8,349	70,395	100,178
Additional members add:	138	196	275	392	298	424	596	848	7,150	10,175

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are there any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been notified that your children will get free meals, please e-mail **Leticia Beltran (lbeltran@kyrene.org)** or call at **480-541-1523** for qualification. McKinney-Vento eligibility must be determined or re-established for each school year.

3. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A DIRECT CERTIFICATION LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter carefully and follow the instructions**. Call Mariah Bernal (480-541-1368) at the Kyrene School District Office if you have questions or to check on eligibility status**. Each child receives an individual letter; contact us if you do not get a letter for each student. Letters are sent to the school to be given to the student to bring home.

4. CAN I APPLY ONLINE? Yes. We prefer you to complete an online application instead of a paper application. It has the same requirements and will ask you for the same information as the paper application. Visit linqconnect.com to begin this process. Please submit one way only, online or paper application to help the processing of applications. C**ontact Mariah Bernal, Kyrene School District, 8700 S. Kyrene Road #MS1A, Tempe, AZ 85284; phone at 480- 541-1368 or kbs@kyrene.org** and/or refer to the information below to complete a paper application.

5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use **one** Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school office. Securely attach a paper for additional family members if necessary and income information if needed. **Contact Mariah Bernal (480-541-1368) for applications that can be translated in 33 languages or visit the following website: http://www.fns.usda.gov/school-meals/family-friendly-application-translations.** The high schools in the area are in the Tempe Union High School District require a separate application for high school students in your household.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and until 09/04/2025 of this school year. As soon as the new year application is processed, that meal status takes effect immediately. You may complete an online application as in Step 4 or r**eturn a paper application to the school office, or email it to Mariah Bernal at kbs@kyrene.org; or mail to Kyrene School District, 8700 S. Kyrene Road, #MS 1A, Tempe, AZ 85284.**

7. I RECEIVE WIC BENEFITS. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out and apply.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes, and we may also ask you to send written proof of the household income you report.

9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to District officials. You also may ask for a hearing by contacting our District's **Chief Financial Officer, 8700 S. Kyrene Road Tempe, AZ 85284 or call (480) 541-1368 or email your request to kbs@kyrene.org to begin the process.**

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get **overtime, include it, but do not include it if you only work overtime sometimes.** If you have lost a job or had your hours or wages reduced, use your current income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zero. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonus must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401. For Kyrene School District assistance contact our Family Resource Center at 480-541-4772.

16. **HOW DO I RECEIVE MY NOTIFICATION OF ELIGIBLITY LETTER?** Within a few days of receipt and processing of the application, notification letters are emailed to you or if no email is given, they are then given to the only or oldest Kyrene student in the family to take home to the parent/guardian. Please contact Mariah Bernal at 480-541-1368 or kbs@kyrene.org if not all your children who are enrolled in a Kyrene school are listed on the letter.

Sincerely,

Chris Herrmann
Chief Financial Officer
July 2025

institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. *mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights*
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;
2. *fax: (202) 690-7442; or*
3. *email: program.intake@usda.gov.*

This institution is an equal opportunity provider.

2025-2026 Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 — List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless**, **Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 — Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 — Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income $ _____ How often? Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members

_____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X _____ **Check if no SSN** ☐

STEP 4 — Contact information and adult signature

Mail Completed Form to: 8700 S. Kyrene Rd, Tempe, AZ 85284

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form _____ Today's date _____

Printed name of adult completing the form _____ Daytime Phone and Email (optional) _____

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

❑Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ **Date:** _____

❑**Case # Application** ❑**Foster Application** ❑**Directly Certified: Date of Disregard**: _____

❑**Income Application** ❑**Homeless/Migrant/Runaway**

Household Size: _____

Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ **Selected For Verification:** Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	**Examples**
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons *outside* the household	A friend or extended family member *regularly* gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	**Public Assistance/ Alimony/Child Support**	**Pensions/Retirement/All Other Income**
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) **If you are in the U.S. Military:** - Basic pay and cash bonuses *(do not include combat pay, FSSA, or privatized housing allowances)* -Allowances for off-base housing, food and clothing	- Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
fax: (833) 256-1665 or (202) 690-7442;
or email:Program.Intake@usda.gov

This institution is an equal opportunity provider.

INSTRUCTIONS FOR APPLYING FOR FREE OR REDUCED-PRICE MEALS FOR 2025-2026 SCHOOL YEAR

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in **Kyrene School District**. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact **Mariah Bernal at 480-541-1368 or email kbs@kyrene.org** for additional assistance.

We have an online application also available at **lingconnect.com**. You may use the computers located in the school office if needed to complete your application. Each step of the instrictions is the same as the steps of the paper application. If at any time you are not sure what to do next, please contact Mariah Bernal at 480-541-1368 or email kbs@kyrene.org.

Please **use a pen (not a pencil)** when filling out the application and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2.**

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and **go directly to STEP 4**.

If No- Leave this section blank and **go to STEP 3**.

- Please note that the 16-digit QUEST Electronic Benefit Transfer Card number starting in '5077' is not an appropriate Case Number.

STEP 3- HOUSEHOLD INCOME INFORMATION

A. Child income- Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Total Child Income."

Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children	
Type of Income	**Examples**
Earnings from work	A child has a job where they earn a salary or wages.
Social Security • Disability payments • Survivor Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons *outside* the household	A friend or extended family member *regularly* gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

B. Adult Household Members and Income- Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1**. List one name per line and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received weekly, bi-weekly (every other week), 2x month (2 payments per month), or monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

Sources of Income for Adults		
Earnings from Work	**Public Assistance/ Alimony/Child Support**	**Pensions/Retirement/All Other Income**
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **For military families:** • Basic pay and cash bonuses *(do not include combat pay, FSSA, or privatized housing allowances)* • Allowances for off-base housing, food and clothing	• Unemployment benefits • Workers Compensation • Supplemental Security Income (SSI) • Cash Assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability • Income from trusts or estates • Annuities • Investment Income • Earned Interest • Rental Income • Regular cash payments from outside household

The back of the application provides the same Sources of Income charts.

C. Total number of household members and SSN

Report the total number of people in your household (all adults and children) in the one box. This must match the number of household members listed in STEP 1 and STEP 3.

Report the last 4 digits of the Social Security number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4- CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

OPTIONAL INFORMATION

The back of this application provides a section for you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

Once the form is completed, it should be mailed, or delivered to Kyrene School District 8700 S. Kyrene Road Tempe, AZ 85284 Attn: Food Service Department.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

fax:
(833) 256-1665 or (202) 690-7442; or

email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.

CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS (2025-2026)

Dear Parent/Guardian:

The information you gave on your Free and Reduced-Price School Meals 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 children get free or reduced-price meals.

❑ No. I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

❑ Yes. I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with District employees and programs that may offer grant, scholarships or other opportunities.

If you checked yes to any or all the boxes above, fill out the 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 Mariah Bernal at 480-541-1368 or e-mail at kbs@kyrene.org.

Return this form with your school meal application to:

Kyrene School District
8700 S. Kyrene Rd.
Tempe, AZ 85284
This form may also be returned to school site, or emailed to kbs@kyrene.org

This institution is an equal opportunity provider.