PARENT/GUARDIAN CONSENT TO RELEASE ELIGIBILITY INFORMATION FOR FREE AND REDUCED PRICE MEALS

July 1st, 2026

Dear Parent/Guardian:

If your child is eligible for federal 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 federal 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 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 textbooks, free band instruments, holiday gifts, school supplies, etc., or reduced fees for 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 federal free and reduced-price application, to receive other benefits, please complete the attached consent statement.

Please call Ana Louisa Crivorot, District Social Worker at 914-777-4828 if you have questions.

Nondiscrimination Statement:

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and 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:

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

This institution is an equal opportunity provider.

CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following program. I understand that the information will only be provided to this program.

Name of Program _____

I understand that I will be releasing information that will show my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named program only.

Child/Children:

_____

_____

_____

I certify that I am the parent/guardian of the child/children for whom the free/reduced price application was made:

Signature of Parent/Guardian:_____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

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