## Sharing Information with Other Programs

***Dear Parent/Guardian:***

***Based on the information you gave on your Education and Nutrition Benefits Application; your child may qualify for other programs. 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.***

***Yes! I DO want school officials to share information from my Education and Nutrition Benefits Application with:***

- ☐ ***Pay to Participate (Athletics and Clubs).***
- ☐ ***Programs that provide food support (weekend backpacks, holiday meals, etc.).***
- ☐ ***Programs that provide field trip support (reduced rates or scholarships for field trips).***
- ☐ ***Programs that provide school supplies or assist with school fees (filled backpacks and supplies from the requested supply list, testing fees).***
- ☐ ***Programs that provide holiday support (meals, holiday gifts, opportunity for children to shop for gifts at no cost).***

***If you check "Yes" to any or all of the boxes above, please fill out 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:*** _____

***Printed Name:*** _____ ***Address*** _____

***Signature of Parent/Guardian:*** _____ ***Date*** _____

***For more information, you may call Roxanne Maze-Frick at 734-424-4187***

### USDA Nondiscrimination Statement

***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: USDA Program Discrimination Complaint Form, 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; or***
   ***provider.***
2. ***fax: (833) 256-1665 or (202) 690-7442; or***
3. ***email: program.intake@usda.gov***

***This institution is an equal opportunity***

***USDA Civil Rights Complaint Link:***
***https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf***

***Return this form to: Dexter F & N 2704 Baker Rd Dexter MI 48130 734-424-4187***