Addendum A: Sharing Information with Other Programs

School Year 2026-2027

Dear Parent/Guardian:

To save you time and effort, the information you provided on your *Free and Reduced-price School Meals/Milk Application* or your child's direct certification eligibility determination may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving for school year 2026-27. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made. **Note:** Submitting this form will not change whether your children get free or reduced-price meals or free milk.

☐ **NO**, I do **not** want information from my *Free and Reduced-price School Meals/Milk Application* shared with any of these programs.

☐ **YES**, I **do** want school officials to share information from my *Free and Reduced-price School Meals/Milk Application* with the programs checked below. ***Check all that apply.***

- ☐ **School Social Worker** (may sometimes be aware of services or programs that may be available to your family).
- ☐ **Classroom Teacher** (for field trip fee waivers)
- ☐ **School Principa**l (may sometimes be aware of services of programs that may be available to your family).
- ☐ **PSAT/SAT/ACT** Advanced Placement fee waivers & College Admission fees waivers.

If you checked YES for any boxes above, complete the information below and sign the form. Your information will be shared only with the people and applicable programs you checked.

Please Print

Child's name:_____ School:_____

Child's name:_____ School:_____

Parent/guardian's name:_____

Address:_____ City:_____ State:____ Zip_____

Signature of parent/guardian:_____ Date:_____

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For more information, please call **Martha Ramkellawan** at **203-625-7424** or **martha_ramkellawan@greenwich.k12.ct.us**. Return this form to **Greenwich Public Schools – Food Services Department, 290 Greenwich Ave., Greenwich, CT 06830 by 9/30/26.**

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:

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
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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