

Addendum A: Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, free or reduced status from processing your *School Meals Application or Direct Certification* status may be shared with other programs for which your child/ren may qualify. We must have your permission to share this information with programs that you have notified to contact the Food Service Specialist to verify your qualification. (ex. You contact the Athletic Director that your student is qualified to receive free or reduced fees. The Athletic Director will contact the Food Service Specialist and if you approved the sharing of this information, that qualification status will be shared. If you have not completed the form or responded NO, the information will not be shared.) Please sign below for any additional benefits you are interested in receiving. 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.

<input type="checkbox"/> NO, I do NOT want to share information regarding my qualification status in regards to free or reduced with any of these programs.	<input type="checkbox"/> YES, I DO want the Determining Official to share information regarding my qualification status for free or reduced with the programs checked below. Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Office of Special Services for a PHYSICAL based on a sliding fee scale due to income and no insurance. <input type="checkbox"/> Director of Athletics or designee for FREE OR REDUCED SPORTS FEES AT SECONDARY SCHOOLS (GR 6-12). <input type="checkbox"/> Director of Technology Systems and Programs or designee for FREE CHROMEBOOK DEVICE INSURANCE COVERAGE (GR 6-12). <input type="checkbox"/> Director of Technology Systems and Programs or designee TO DISCUSS and potentially provide FREE OR DISCOUNTED HOME INTERNET ACCESS. <input type="checkbox"/> Coordinator of School Counseling or designee for PSAT, SAT, AP EXAM & COLLEGE APPLICATION FEE WAIVERS with COLLEGE BOARD and/or a FEE WAIVER with associated test prep programs. <input type="checkbox"/> Assistant Superintendent for Curriculum and Instruction or designee for FREE OR REDUCED FEES FOR FIELD TRIPS. <input type="checkbox"/> Assistant Superintendent for Curriculum and Instruction or designee for FREE OR REDUCED MUSICAL INSTRUMENTS IN INSTRUMENTAL INSTRUCTION (Elementary GR 4 or Secondary GR 6). <input type="checkbox"/> South Windsor High School Principal or designee for FREE OR REDUCED FEES WITH CHORAL SPECTRUM COSTUME & COMPETITION FEES (GR 9-12). <input type="checkbox"/> K-12 Math Curriculum Specialist or designee for FREE OR REDUCED FEE FOR GRAPHING CALCULATOR FOR AP MATH COURSES (GR 10-12 - AP Calculus AB, AP Calculus BC or AP Statistics)
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If you checked YES for any boxes above, complete the information below and sign the form. Return this form with your application

Child's Name: _____ School: _____
 Child's Name: _____ School: _____
 Child's Name: _____ School: _____
 Child's Name: _____ School: _____

Parent/Guardian Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

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

For more information or questions, please call Lisa Clayton, Food Service Specialist at 860-474-1499.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

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

This institution is an equal opportunity provider.