

## Addendum A: Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, free or reduced status from the processing of your *School Meals Application or Direct Certification* status may be shared with other programs for which your child/ren may qualify if it is determined that you meet the federal guidelines. 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 have offered to share the 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"/> <b>NO, I do NOT</b> want information from my <i>Free and Reduced-price School Meals Application</i> shared with any of these programs.	<input type="checkbox"/> <b>YES, I DO</b> want school officials to share information from my <i>Free and Reduced-price School Meals Application</i> with the programs checked below. <b>Check all that apply.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Office of Special Services for a <b>PHYSICAL</b> based on a sliding fee scale due to income and no insurance.</li> <li><input type="checkbox"/> Coordinator of School Counseling or designee for <b>PSAT, SAT, AP EXAM &amp; COLLEGE APPLICATION FEE WAIVERS with COLLEGE BOARD and/or a FEE WAIVER with our associated test preparation program.</b></li> <li><input type="checkbox"/> Assistant Superintendent for Curriculum and Instruction or designee for <b>FREE OR REDUCED FEES FOR FIELD TRIPS (OR OTHER ACADEMIC ENRICHMENT).</b></li> <li><input type="checkbox"/> Director of Athletics or designee for <b>FREE OR REDUCED SPORTS FEES AT SECONDARY SCHOOLS (GR 6-12).</b></li> <li><input type="checkbox"/> Assistant Superintendent for Curriculum and Instruction or designee for <b>FREE OR REDUCED MUSICAL INSTRUMENTS IN ELEMENTARY INSTRUMENTAL INSTRUCTION (GR 4).</b></li> <li><input type="checkbox"/> Director of Technology Systems and Programs or designee for <b>FREE CHROMEBOOK DEVICE INSURANCE COVERAGE (GR 6-12).</b></li> <li><input type="checkbox"/> South Windsor High School Principal or designee for <b>FREE OR REDUCED FEES WITH CHORAL SPECTRUM COSTUME &amp; COMPETITION FEES (GR 9-12).</b></li> <li><input type="checkbox"/> K-12 Math Curriculum Specialist or designee for <b>FREE OR REDUCED FEE FOR GRAPHING CALCULATOR FOR AP MATH COURSES (GR 10-12 - AP Calculus AB, AP Calculus BC or AP Statistics)</b></li> </ul>
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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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a 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  
Washington, D.C. 20250-9410;
  - (2) fax: (202) 690-7442; or
  - (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)
- This institution is an equal opportunity provider