

## Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Application for Free and Reduced-Price School Meals, 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 Application for Free and Reduced-Price School Meals 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 \_\_\_\_\_ at \_\_\_\_\_.

Return this form to: Nutrition Services: 4200 Andover rd., Bloomfield Hills, MI 48302 OR scan and send to [foodservices@bloomfield.org](mailto:foodservices@bloomfield.org). You may also fax this form to (248)341-5697 or call the nutrition services department @ (248)341-5671 for more information.

### USDA Nondiscrimination Statement

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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

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