

Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Free and Reduced Price School Meals Family 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 Free and Reduced Price School Meals Family Application with Pay To Participate.
- Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with Local Charities.
- Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with Scholarships and Grants.

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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Jean Kish, SNS at 810-591-2236

Return this form to: *Jean Kish, 7500 S. Gale Rd Goodrich, MI 48438.*

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
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