ST. CROIX CENTRAL SCHOOL DISTRICT SHARING INFORMATION WITH OTHER PROGRAMS

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. 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 Application with Holiday Angels and The Giving Tree.
	Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with The Backpack Program.
	Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Activity and Sports fees, Field Trip Fee Waivers, Class Fees, Testing Fees, and College Application Fees.
	Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application due to a verification audit of your application.
	Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with:
child(rer	ecked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the a) listed below. Your information will be shared only with the programs you checked. School:School:
Child's N	ame:School:
Child's N	ame:School:
Child's N	ame:School:
_	e of Parent/Guardian:Date:
Printed I	Name:
Address:	
Address:	

For more information, you may call **Elaine Starck** at (715) 796-4500 ext. 3370 or e-mail at estarck@scc.k12.wi.us.

To receive the benefits listed above, you <u>MUST</u> return this form to: St. Croix Central School District, 915 Davis St., P.O. Box 118, Hammond, WI 54015 within 10 days of receipt your determination letter.

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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: 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
 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.

This institution is an equal opportunity provider.