

**PARENT/GUARDIAN CONSENT TO RELEASE ELIGIBILITY INFORMATION
FOR FREE SCHOOL MEALS**

Date _____

Dear Parent/Guardian:

The USDA has approved Montana for a new Pandemic EBT program.

P-EBT provides nutrition benefits to families who have lost access to school meals because schools are closed due to the COVID-19 pandemic. Eligible students and families will receive money on a EBT card to help fill the school meals gap. Families can get both P-EBT and “grab and go” meals from schools and community organizations that schools are serving during the pandemic.

All children ages 5 to 18 that were eligible for free school meals as of March 18, 2020 qualify for this benefit. This benefit will be issued through the Department of Public Health and Human Services (DPHHS). The P-EBT card works like a debit card to purchase food items anywhere EBT benefits are accepted. DPHHS will notify families of this benefit and send an EBT card.

If you wish to provide consent to release information about your child's free meal eligibility to receive P-EBT benefits, please complete the following.

CONSENT TO RELEASE FREE MEAL ELIGIBILITY INFORMATION

School officials may release information that shows that my child/children are eligible for free meals for P-EBT. I understand that the information will only be provided to this program.

I understand that I will be releasing information that will show my child/children are eligible for free meals. I give consent to release my confidential information for the P-EBT program only.

Child/Children: _____

I certify that I am the parent/guardian of the child/children for whom the free meal information is provided:

Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

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, 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.

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