

SHARING INFORMATION WITH OTHER PROGRAMS – 2020/2021

Dear Parent/Guardian:

To save you time and effort, the information you provided on your Free and Reduced-price School Meals/Milk Application may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. 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 or free milk.

No, I do NOT want information from my Free & Reduced Price School Meals Application shared with these programs.

- Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with Warm the Children - BOE office in conjunction with the Kiwnais Club, Middletown.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with Santa's Workshop Program (Party and Gift)*
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with Town of Cromwell - Thanksgiving and Christmas/December Food Baskets*.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with Town of Cromwell - Adopt-A-Child Holiday Program*.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with the School my Child Attends - for Lunches on Field Trips - School Principals.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with Town of Cromwell - Back to School Supplies Program (for 2020/2021 school year)*.

High School Students Only

- Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with Scholarship for AP Testing, SAT/ACT and PSAT - Guidance Department.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with Scholarship with College Applications - Guidance Department.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with Scholarship for Scholarships with Income/Need as a Primary Factor - Guidance Department.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with the Guidance Department for Class Dues & Prom Tickets - High School Principal.

If you checked yes to any or all of the boxes above, complete the information below and sign the form.

Your information will be shared only with the programs you checked.

Child's Name: _____ Grade: _____ Age: _____ Child's Name: _____ Grade: _____ Age: _____
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Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____ Phone No. _____

*Please Note: The Town of Cromwell Senior Services and Human Services Department have a separate process for determining eligibility screening for their programs. All residents/families are required to submit proof of income to determine eligibility. If you are interested in applying for the programs listed above, please contact the Town of Cromwell (860) 632-3449 by no later than November 1st to register for the holiday food basket and/or the Adopt-A-Child program; and by August 1, 2020 for the Back to School Supplies program. By checking off the share information on this form, it does not automatically register and qualify you for the town program(s). You must still contact the Town of Cromwell directly to apply.

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: 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.