

Addendum A

SHARING INFORMATION WITH OTHER PROGRAMS

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.

<input type="checkbox"/> NO, I do NOT want information from my <i>Free and Reduced-price School Meals/Milk Application</i> shared with any of these programs.	<input type="checkbox"/> YES, I DO want school officials to share information from my <i>Free and Reduced-price School Meals/Milk Application</i> with the programs checked below. Check all that apply. <input type="checkbox"/> Holiday Food Baskets distribution (ALL SCHOOLS) <input type="checkbox"/> Backpack School Supplies Program (PMS, PCS, MES, SHE) <input type="checkbox"/> Field trip fees (SHE) <input type="checkbox"/> Library fees (SHE) <input type="checkbox"/> College Application fees (PHS only) <input type="checkbox"/> End Hunger CT Backpack Food Program (PMS, PCS, MES, SHE) <input type="checkbox"/> Toys for Tots (ALL SCHOOLS) <input type="checkbox"/> Winter Boot Program (MES) <input type="checkbox"/> Music equipment fees (SHE) <input type="checkbox"/> Summer Work Programs (PHS only) <input type="checkbox"/> School to Career Program (PHS only) If you checked YES for any boxes above, complete the information below and sign the form. Your information will be shared only with the people and applicable programs you checked.
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Child's Name: _____ School: _____

Child's Name: _____ School: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent/Guardian: _____ Date: _____

For more information, please call Jana Livernoche at 860-564-6459. Return this form to your child(ren)'s school or 651 Norwich Road, Plainfield, CT 06374.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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;
- (3) email: program.intake@usda.gov.

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