

SHARING INFORMATION WITH OTHER PROGRAMS – 2023/2024

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 2023/2024 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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Child's Name: Grade: Age: Child's Name: Grade: Age:

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, 2023 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov