

## Sharing Information with Other Programs-2022-23

Dear Parent/Guardian:

Based on the information you gave on your Application for Free and Reduced Price School Meals, your child may qualify for other programs. 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 Application for Free and Reduced-Price School Meals with:

- ☐ Yes! **I DO-Pay to Participate (Athletics and Clubs)**
- ☐ Yes! **I DO -Programs that provide food support (weekend backpacks, holiday meals, etc.)**
- ☐ Yes! **I DO-Field trip support**
- ☐ Yes! **I DO-Programs that provide school supplies or assist with school fees (filled backpacks, supplies from the requested supply list, testing fees)**
- ☐ Yes! **I DO-Programs that provide holiday support (meals, holiday gifts, opportunity for children to shop for gifts at no cost)**

If you check "Yes" to any or all of the boxes above, please fill out form below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call Melissa Alley at 616-887-1744. Return this form to: Sparta Area Schools  
Food Service Director Melissa Alley 475 W. Spartan Drive Sparta MI 49345

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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:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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