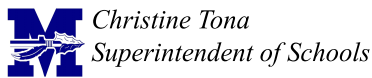


MAHOPAC CENTRAL SCHOOL DISTRICT



Dear Parent/Guardian:

If your child is eligible for free and reduced price meals or free milk, he/she also may be eligible for other benefits. To receive these benefits, you must provide written consent to permit school officials to give your name, address, and an indication that your household is eligible for free and reduced price meals or free milk, to representatives of certain programs. **Failure to sign a consent statement that will allow disclosure of this information will not affect your child's eligibility or participation in the school meals or milk programs.**

Some of the programs that may request names and eligibility information to be used to provide benefits, and for which parent/guardian consent is required, include: federal health insurance programs such as Medicaid or Children's Health Insurance program (CHIP), other federal programs, State programs, local health and education programs and other local activities. For example, the disclosure of children's eligibility for free and reduced price meals or free milk to determine eligibility for free text books, free band instruments, holiday baskets, school supplies, etc., or reduced fees for summer school or driver education programs, would require written consent by the child's parent/guardian.

If you wish to provide consent to release information contained in your child's free and reduced price meal application, to receive other benefits, please complete the attached consent statement.

Sincerely,

Alyssa Murray

Assistant Superintendent for Finance and Operations

Enclosure (consent statement)

Nondiscrimination Statement:

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:

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

This institution is an equal opportunity provider.

CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION (single programs)

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following program. I understand that the information will only be provided to this program.

Name of Program (to be completed by SFA) MAHOPAC HIGH SCHOOL

I understand that I will be releasing information that will show my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named program only.

Child/Children:

I certify that I am the parent/guardian of the child/children for whom the free/reduced price application was made:

Signature of Parent/Guardian:

Print Name:

Address:

Phone Number:

Date:

Nondiscrimination Statement:

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