

# NOTICE

USE THIS ATTACHMENT ONLY IF  
YOUR SAU/SFA WISHES TO USE  
FREE AND REDUCED APPLICATION  
DATA FOR PURPOSES OTHER THAN  
THOSE DESIGNATED ON  
DISCLOSURE FORM.

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## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **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.**

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No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

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Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

**If you checked yes to any or all of the boxes above, fill out the 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 **[name]** at **[phone]**.  
**Return this form to: [address] by [date].**

## Free and Reduced School Meals Application/Eligibility Disclosure Requirement Programs

(Use program names specific to your schools.)

<p>___ Federal education program Specify program _____</p> <hr/> <p>(May receive eligibility status, without consent)</p>	<p>___ Federal/State or local means-tested nutrition program with eligibility standards comparable to the National School Lunch Program. Specify program _____</p> <hr/> <p>(May receive eligibility status, without consent)</p>
<p>___ State education program administered by State agency or local education agency. Specify program _____</p> <hr/> <p>(May receive eligibility status, without consent)</p>	<p>___ Federal, State or local law enforcement officials investigating alleged violations of any of the programs under the NSLA and CAN or investigating violations of any of the programs that are authorized to have access to names and eligibility status.</p> <hr/> <p>(May receive all eligibility information, without consent)</p>
<p>___ State health program other than Medicaid/SCHIP, administered by State agency of local education agency. Specify program _____</p> <hr/> <p>(May receive eligibility status, without consent)</p>	<p>___ Child Nutrition Programs under the National School Lunch Act or Child Nutrition Act. Specify program _____</p> <hr/> <p>(May receive all eligibility information, without consent)</p>

**Must have parental permission for the four (4) Programs listed below.**

<p>___ Medicaid or the State CHIP, administered by a State or local agency authorized under title XIX or XXI of the Social Security Act to identify and enroll eligible children.</p> <hr/> <p>(Parent must be allowed to elect NOT to have information disclosed.)</p>	<p>___ Federal health programs other than Medicaid/SCHIP Specify program _____</p> <hr/> <p>(<b>NO</b> eligibility information, unless parental consent is obtained)</p>
<p>___ Local education program Specify program _____</p> <hr/> <p>(<b>NO</b> eligibility information, unless parental consent is obtained)</p>	<p>___ Local health program Specify program _____</p> <hr/> <p>(<b>NO</b> eligibility information, unless parental consent is obtained)</p>



## Instructions for Disclosure Request Form

**Directions:** This form is your request to the Approving Official within your school to provide you with the **eligibility status** of students you have listed on the form. The Disclosure Request Form should be completed by a requesting entity such as; Title I supervisor, Computer Technology grantors, Carl Perkins administrators. The eligibility status of a child is the only element on the parent application approved for disclosure to the program types listed below. Only list the children for whom you “need to know “ the eligibility status.

The Approving Official will complete the information as to Free, Reduced or Paid, or Not Available.

If your program is not listed below than you must have a **signed** Parent Consent Release Form to learn the eligibility status of the application.

### **State Health Program**

Other than Medicaid/Chip, administered by a State agency or local education agency, such as dental insurance.

### **Federal/State or local means tested nutrition program**

Eligibility standards comparable to the National School Lunch Program, such as WIC, or Food Stamps.

### **Federal Education Program**

Such as, Title I, National Testing Program

### **State Education Program**

Administered by a State agency or local education agency, such as a state wide test administered by the state Department of Education.

### **Child Nutrition Program**

Under the National School Lunch Act or Child Nutrition Act (All eligibility information without consent is allowed.)