**SHARING INFORMATION WITH OTHER PROGRAMS**

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.**

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

**If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.**

* Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[Department of Child Services]**.
* Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[Adult and Child]**.
* Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[Exam, and other Program Fee Waivers]**.
* Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[School Officials: Principals, Counselors]**.
* Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[Backpack Program]**.
* Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[Medicaid/SCHIP, Hoosier Healthwise Sub - Agencies]**.
* Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[Indiana Utility and Cable Companies]**.

**If you checked yes to any of the boxes above, fill out the rest of this form. 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 **[Christy Nale]** at **[765-492-5411]**.
**Return this form to: [5585 N. Falcon Dr. Cayuga, IN 47928 or email to cnale@nvc.k12.in.us].**