

Thompson School District
Sharing Free and Reduced Price School Meal
Information with Other Programs
School Year 2045-2025

Dear Parent/Guardian:

If you received notification that your student(s) qualified for free or reduced-price school meals, this information may be shared with the school/district to waive certain school/district program fees you might otherwise be required to pay. The school/district is not permitted to share your information without your consent. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. However, sharing this information may qualify your family for the waiver of certain other program fees.

Return this completed and signed form to: **Nutrition Services, 2890 N. Monroe Ave., Loveland, CO 80538.**

- ☐ Yes! I **DO** want school officials to share my information with **Advanced Placement (AP) Exam and/or books.**
- ☐ Yes! I **DO** want school officials to share my information with **Accelerate College Opportunity Exam and/or books.**
- ☐ Yes! I **DO** want school officials to share my information with **Front Range Community College.**
- ☐ Yes! I **DO** want school officials to share my information with **Transportation and/or Athletic & school Fees.**
- ☐ **DO NOT** share my information with any programs.
- ☐ **DO NOT** share my information with Medicaid/SCHIP offices.

If you marked any or all of the boxes above, complete the section below to ensure that your information is shared for the students in your household. Your information will be shared only with the programs you checked.

Student's Name: _____ School: _____

Student's Name: _____ School: _____

Student's Name: _____ School: _____

Student's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Mailing Address: _____

For more information, you may call **Amanda Nierman** at **970-613-5146**, **Kim Downing** at **970-613-5144** or e-mail at **amanda.nierman@tsd.org** or **kim.downing@tsd.org**

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security

number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination 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, audiotope, 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.