

**JLAS Food Service Department**  
**Sharing Information with Other Programs**  
(Free, Reduced, Full Pay Meal Status)

Dear Parent/Guardian:

Based on the information given on your Household Information Report, your child may qualify for other programs. Your child may have been directly certified for free/reduced price meal status through the State without filling out the report. Either way, **we must have your permission to share your eligibility information for any of the programs below.** 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 Household Information Report, or my child's free/reduced price meal status through the Direct Certification process, with (check (√) all that may apply):

- High School Guidance Counselor for testing or college application fee waivers.
- Michigan Works Youth.
- NEMCSA for CARES Grant (copy of the benefit award letter may be forwarded to NEMCSA as a program requirement)
- Programs that provide food support (weekend backpacks, holiday meals, etc.).
- Programs that provide field trip support (reduced rates or scholarships for field trips).
- Programs that provide school supplies or assist with school fees (filled backpacks and supplies from the requested supply list, testing fees).
- Programs that provide holiday support (meals, holiday gifts, opportunity for children to shop for gifts at no cost).
- Other program not listed: Enter the name of the program specific to your school or program.

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: \_\_\_\_\_

(Need more space for additional names? Please write them on the back of this form.)

Parent/Guardian **Printed** Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

For more information, you may call Cathy Kierczynski, JLAS Food Service Director at 989-732-1773 ext. 2113. Return this form to the Food Service Department at Johannesburg-Lewiston Area Schools.

**USDA Nondiscrimination Statement**

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

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