

### 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/Milk 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. Please sign for those additional benefits below if you are interested in receiving them. By signing for the benefits, you are certifying that you are the parent/guardian of the child(ren) for whom the application is being made. **Note:** Sending in this form will not change whether your children get free or reduced price meals or free milk.

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

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals/Milk Application with **Pawcatuck Neighborhood Center**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals/Milk Application with **Holiday Gift Basket Program**.

**If you checked yes to any or all of the boxes above, complete the information below and sign the 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 **Tim Paquette** at 599-0766. **Return this form to the address at which you sent your application.**