

2017-2018



WAIVER OF CONFIDENTIALITY

Student Name: _____

School: _____ Date: _____

Dear Parent or Guardian:

Eligibility for free or reduced priced meals may also be used to determine if children are eligible for benefits under other federal, state, and/or local programs. Listed below are the program(s) for which children approved for free or reduced price meals may be eligible. If you wish to see if your child may be eligible for the benefits below, mark an X in the Yes box next to the program(s) and return this form to the designated school official. Please complete a separate waiver for each student you want to be considered for the programs below listed.

By marking an X, you understand that your child's eligibility for free or reduced price meals may be used for eligibility determinations for these other programs. If your child's eligibility for free meals was determined through the direct certification process, in no event will your eligibility for Food Stamps or TANF (Temporary Assistance for Needy Families) be disclosed.

Yes **NO - Vocational Courses** School officials may use the information to determine if my child is eligible to enroll in specific vocational courses and to verify enrollment in specific classes.

Yes **NO - JTPA (Job Training Partnership Act)** School officials may use the information to determine if my child is eligible for JTPA benefits.

Yes **NO - Summer School Enrollment** School officials may use the information to determine if my child is eligible for Summer School benefits.

Yes **NO - Other Programs/Camps** _____ (Specify Program/Camp and location)
School officials may use the information to determine if my child is eligible for _____ benefits.

Yes **NO - Advance Placement Testing Fee Reduction** school officials may use the information to determine if my child is eligible for testing fee reduction (AP Testing, PSAT).

Yes **NO - District Level Charity** Holiday Helpers

Yes **NO - District Level Charity** Angel Tree/Secret Santa

Yes **NO - District Level Charity** Easter Basket

Yes **NO - District Level Charity** Children at Risk Education (CARE) Program

Yes **NO - District Level Charity** Vision Screening/Free Glasses

In signing this waiver, I fully understand that I may be contacted for specific information by representatives from the program(s) which I have checked. I also understand that signing this waiver is not a condition of receiving free or reduced price benefits under the Child Nutrition Programs. However, failure to sign the consent statement will not affect eligibility or participation for the program and that the information will not be shared by the receiving program with any other entity or program.

Signature of Parent or Guardian

Date

Return this completed form to the School Nutrition Manager at your child's school.

OR

Kokeeta S. Wilder, School Nutrition Director, 205 Lafayette Avenue, Fayetteville, GA 30214 (770-460-3990)

2017-2018

For Central Office Use Only

I verify the above student:

___ **Has** been determined eligible for free and/or reduced price meals under the National School Lunch Program and School Breakfast Program during the most recent school year.

___ **Has not** been determined eligible.

Authorized Signature

Title

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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, (AD-3027) found online at: 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 ; Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW ; Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.