

SHARING INFORMATION WITH OTHER SOUTH WESTERN SCHOOL DISTRICT PROGRAMS WAIVER

Dear Parent/Guardian:

To save you time and effort, the approval of your Free or Reduced Application for School Meals may be shared with other programs for which your child(ren) may qualify. In order for that to occur we must have your permission to share that information. Sending in this form will not change whether your child(ren) receives free or reduced price meals.

☐ Yes! I **DO** want school officials to share the approval of my Free or Reduced Application for School Meals with other programs to include, but not limited to, **Academics/Testing, Athletics, Band and Technology.**

☐ No! I **DO NOT** want school officials to share the approval of my Free or Reduced Application for School Meals with any other program.

Please fill out the form below to ensure that your information is shared for the child(ren) listed. Your information will be shared only with your permission.

Child's Name: _____ School: _____

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Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Melissa Freestone** at **(717) 632-2500 ext. 200105** or email melissa_freestone@southwesternsd.org.

Return this form to: **SWSD Food Service; 225 Bowman Road; Hanover, PA 17331** or jade_gugliotta@southwesternsd.org **as soon as possible.**

In accordance with Federal 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), age, disability, and reprisal or retaliation for prior civil rights activity.

Free and Reduced-Price School Meals Application - Sharing Information with Other Programs

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and 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 www.usda.gov/sites/default/files/documents/usda-programdiscrimination-complaint-form.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:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:
(833) 256-1665 or (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.