

SHARING INFORMATION WITH OTHER PROGRAMS 20-21

Dear Parent/Guardian:

The information you gave on your Alternate Household Income Form or eligibility established via Direct Certification 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. For more information, you may call Food Service at 262-631-7082 or email at food.service@rusd.org. Return this form to: RUSD Food Service, 3109 Mt. Pleasant Street, Racine, WI 53404 or by email to food.service@rusd.org.

- Yes! I **DO** want school officials to share information from my Alternate Household Income Form/Direct Certification to **waive consumable materials & supply and/or textbook & materials fees.**

- Yes! I **DO** want school officials to share information from my Alternate Household Income Form/Direct Certification to **waive athletic participation fees at the middle and high school level.**

- Yes! I **DO** want school officials to share information from my Alternate Household Income Form/Direct Certification to **waive instrument rental fees, class fees or extended learning program fees.**

- Yes! I **DO** want school officials to share information from my Alternate Household Income Form/Direct Certification for the purpose of **waiving AP, IB, or ACT testing fees (high school only).**

PLEASE LIST ALL RUSD CHILDREN IN THE HOUSEHOLD

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. 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: _____

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, audiotope, 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, 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.

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