5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER <u>THIS</u> SCHOOL YEAR SAYING MY CHILDRED FREE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your eligibility notification, contact Nutrition S	NEN ARE ALREADY APPROVED FOR household were missing from your

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: https://www.usda.gov/sites/default/files/documents/ad-3027.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:

- U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
- 2. (833) 256-1665 or (202) 690-7442; or
- 3. Program.Intake@usda.gov

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even i your children attend more than one school in Columbia Public Schools. The application must be filled out completely to certify your children for free or reduced-price
school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact the Nutrition Services office at 573-214-3480 or e-mail lunch@cpsk12.org .
PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Family Application may be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child(ren) get free or reduced-price meals.

This consent authorizes Columbia Public Schools to release and/or obtain records or information as identified below. The agency/institution/individual listed below must maintain the confidentiality of the records/information.

I understand that this authorization:

- can be stopped at any time by sending a written request to Columbia Public Schools, Nutrition Services.
- takes effect the day I sign it and is valid for one year.

I further understand:

- That any records or information received by the school district from another agency/institution/individual may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records and information protected by the Family Educational Rights and Privacy Act (FERPA). See page 2 of this release for more information about FERPA and HIPAA.
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.

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

Yes! I DO