Addendum A:
Sharing Information with Other Programs

Rocky Hill Public Schools
School Year 2026-27

Dear Parent/Guardian:

To save you time and effort, the information you provided on your *Free and Reduced-price School Meals/Milk Application* or your child's direct certification eligibility determination may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs.

Please sign below for any additional benefits you are interested in receiving for school year 2026-27. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made. **Note:** Submitting 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 eligibility status *Free and Reduced-price School Meals/Milk* 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 the programs checked below. ***Check all that apply.***

☐ _____
[Title of person and applicable program specific to your school]

☐ _____
[Title of person and applicable program specific to your school]

☐ _____
[Title of person and applicable program specific to your school]

☐ _____
[Title of person and applicable program specific to your school]

If you checked the YES box above, complete the information below and sign the form. Your information will be shared only with the people and applicable programs you checked.

Please Print

Child's name:_____ School:_____

Child's name:_____ School:_____

Parent/guardian's name:_____

Address:_____ City:_____ State:____ Zip_____

Signature of parent/guardian:_____ Date:_____

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For more information, please call Cinthia Cotto 860-258-7701 x 31166. Return this form to Rocky Hill Public Schools 761 Old Main Street Suite 231 Rocky Hill, CT 06067 by September 8, 2026.

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, 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: 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:

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

This institution is an equal opportunity provider.