



## Sharing Free and Reduced-Price School Meal Information with Other Programs School Year 2023-2024

Dear Parent/Guardian:

If you received notification that your student(s) qualified for free or reduced-price school meals, this information may be shared with the school/district for the purpose of waiving certain school/district program fees that you might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals.

Return this completed and signed form to your school with your meal application

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- Yes! I **DO** want Colorado Charter School Institute to share my information from my Free and Reduced-Price School Meals Application with School Officials for School Fees (this excludes transportation and AP exam fee grant program.)
  
  - Yes! I **DO** want Colorado Charter School Institute to share my information from my Free and Reduced-Price School Meal Application with Advanced Testing Coordinator/School Officials for College Board-SAT and Preliminary SAT(PSAT)/National Merit Scholarship Qualifying Test (NMSQT).

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- DO NOT** share my information with any programs.
  - DO NOT** share my information with Medicaid/SCHIP offices.

If you marked any or all of the boxes above, complete the section below to ensure that your information is shared for the child(ren) in your household. Your information will be shared with 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

For more information, you may call **Maggie Necaise** at **(720) 626-2648** or e-mail at [maggienecaise@csi.state.co.us](mailto:maggienecaise@csi.state.co.us)

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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](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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.