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**SHARING INFORMATION WITH OTHER PROGRAMS**

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application 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. Sending in this form will not change whether your children get free or reduced-price meals.**

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

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☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with any program that will help my students.

**If you checked yes to any or all boxes above, fill out the form 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: \_\_\_\_\_

For more information, you may call Marcia Kuhns at (330) 753-1025 ext. 13107 or email at [mkuhns@barbertonschools.org](mailto:mkuhns@barbertonschools.org)

**Return this form to: Your student's main office.**

**Do not complete this section. Intended for school use only**

**This form is to certify that the Children listed above are Categorically Eligible as:**

☐ Free    ☐ Reduced    ☐ Denied    Reason Denied: \_\_\_\_\_

Determining/Approval Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_