

No, but please read the letter carefully and follow the instructions

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. 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.

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 if 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.

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.

- 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.

- 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 _____ want information from my Free and Reduced-Price School Meals Family Application shared with any of these programs.

Yes! I _____