

Instructions: If you used the single-child, family application or direct certification and you want to waive confidentiality of eligibility for benefits from other federal or state programs, this letter must be signed by the parent.

WAIVER OF CONFIDENTIALITY

STUDENT NAME _____

Dear Parent or Guardian:

Eligibility for free or reduced price meals may also be used to determine if children are eligible for benefits under other federal or state programs. Listed below are the programs for which children approved for free/reduced price meals may be eligible. If you wish to see if your child(ren) may be eligible for any of the programs listed below, mark an X in the blank next to the program(s) you would like for your child(ren) to participate in and return it to the designated school official.

By marking an X, you understand that your child's eligibility for free/reduced price meals may be used for eligibility determinations for these other programs. If your child's eligibility for free meals was determined through the direct certification process, in no event will your eligibility for Food Stamps or Temporary Assistance for Needy Families (TANF) be disclosed.

YOU DO NOT HAVE TO COMPLETE THIS FORM TO GET FREE AND REDUCED PRICE MEALS, TITLE I BENEFITS OR NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS (NAEP) BENEFITS. Mark any, all, or none of the blanks with an X.

DENTAL BENEFITS _____ Yes, school officials may give my name and address to the Department of Human Resources so that they can send me information about getting dental benefits for my child.

VOCATIONAL COURSES _____ Yes, school officials may use the information on this application to determine if my child is eligible to enroll in specific vocational courses.

PRE-K SERVICES _____ Yes, school officials may use the information provided on this application to determine if my child is eligible for Pre-K services.

JTPA (Job Training Partnership Act) _____ Yes, school officials may use the information on this application to determine if my child is eligible for JTPA benefits.

In signing this waiver, I fully understand that I may be contacted for specific information by representatives from the program(s) which I checked. I also understand that signing this waiver is not a condition of receiving free or reduced price benefits under the Child Nutrition Programs.

Signature of parent or guardian

Date

Return the completed and signed form to the school official listed below:

Sandra A. Laffan

School Nutrition Director

145 Dodd Street, Marietta, GA 30060

Address

(770) 429-3107

Phone Number