

**Ohio Department of Education and Workforce
Office of Nutrition
National School Lunch Program**

SHARING INFORMATION WITH OTHER PROGRAMS

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.**

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

☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for **School/Preschool Fee Waiver**.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **TCBDD Fairhaven School Programs**.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **TCBDD Fairhaven School Backpack Program**.

If you checked yes to any or all of the 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 **Lindsey Ison** at **330-658-5811 ext. 712** or
Lindseyison@tcbdd.org.

Return this form to: Lindsey Ison by September 20, 2025.

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