

# SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Meal eligibility determined through a submitted Free and Reduced Price School Meals Application or matched through Direct Certification or other documented sources may be shared with other programs. 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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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with my child's OASD school principal, teacher, and authorized office personnel for the purpose of possible waiver of field trip fees.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with authorized OASD Summer School personnel for the purpose of waiving summer school fees for academic classes (fees for enrichment courses are not waived).
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with OHS Guidance Counselors in order to receive individual career and college planning services for my high school student.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with OASD Student Services Staff and/or the applicable school club advisors for the purpose of potential receipt of community resources or donations such as Blessings in a Backpack, holiday gifts/meals, lunch boxes, school supplies, etc...
  - No, I **DO NOT** want my meal eligibility status shared with any of these programs. *Checking this box will override any selections made above.*

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed 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: \_\_\_\_\_

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For more information, you may contact Aramark at (262)-560-2148 or [Aramark.Foodservice@oasd.org](mailto:Aramark.Foodservice@oasd.org).

Return this form to Oconomowoc High School, Food Service, 641 E. Forest Street, Oconomowoc, WI 53066

# SHARING INFORMATION WITH MEDICAID/BADGERCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and BadgerCare that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you and offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or BadgerCare, fill out the form below and send in (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 Medicaid or the State Children's Health Insurance Program (BadgerCare).

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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For more information, you may contact Aramark at (262)-560-2148 or [Aramark.Foodservice@oasd.org](mailto:Aramark.Foodservice@oasd.org).

Return this form to Oconomowoc High School, Food Service, 641 E. Forest Street, Oconomowoc, WI 53066

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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).

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