

**ADAMS COUNTY ASSISTANCE 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. YOU WILL NOT BE ELIGIBLE FOR THE FOLLOWING PROGRAMS UNLESS THIS FORM IS COMPLETED AND SIGNED. THIS FORM MUST BE COMPLETED FOR EACH Household.**

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\_\_\_\_ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the following programs: **Love Inc., and N.E.A.R.**

\_\_\_\_ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the following programs: **Hero Meals**

\_\_\_\_ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the following programs: **Boys & Girls Club**

**If you checked yes to above, fill out the rest of this form. Your information will be shared only with the programs listed above.**

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

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

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 NACS Foodservice at (260) 724-7121, X2185. **Return this form to: Enrolled School.**

"This Institution is an equal opportunity provider"