

**PARENTAL OR GUARDIAN CONSENT TO RELEASE
HOUSEHOLD MEAL APPLICATION TO THE CALFRESH PROGRAM**

Dear Parent/Guardian:

Your participation in the Free and Reduced-Price (F/RP) school meal program means your family could be eligible for the CalFresh food assistance program. CalFresh provides monthly benefits to households for purchasing the food they need to maintain adequate nutrition. By signing this form, you consent to allow the Santa Rosa City Schools (District) to share the information you provided on your F/RP school meal application with Catholic Charities of Santa Rosa (CCSR) as the designee of the Sonoma County CalFresh Office (CalFresh Office) that is responsible for determining eligibility (benefits) for the CalFresh program. Or if you prefer to apply directly and not exchange this information, you may call the CalFresh program at 1-877-847-3663 or apply online at <http://www.calfresh.ca.gov>.

Please note, your participation in the CalFresh program is voluntary. Failure to sign this consent form will not affect your child's eligibility or participation in the district's F/RP school meal program.

Please check the box above if you want to apply for CalFresh benefits for your family.

Yes! I want the District to share information from my F/RP school meal application with the CCSR to determine if my family is eligible for CalFresh benefits. I realize that the information provided will be shared only with CCSR and CalFresh Office.

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Child's Name: _____

School: _____

By signing this consent form, I voluntarily consent to let the District share the information on my F/RP school meal application with CCSR, and I acknowledge that I have read and understood all the information on this form.

Also, by consenting to this process, I understand that the CCSR will provide me with a CalFresh application to determine CalFresh eligibility.

Signature of Parent/Guardian: _____ Date: _____

Printed Name _____

Address: _____

Phone: _____ e-mail: _____

If you have any questions about this form or this process, you may contact Kenneth Bunns, Director, Nutrition Services, at (707) 528-5359 or kbunns@srcs.k12.ca.us



Opportunity to Receive CalFresh Benefits

The Sonoma County Department of Human Services has named Catholic Charities of the Diocese of Santa Rosa (CCDSR) as its representative to partner with school districts to help students and their families enroll in CalFresh. CalFresh is a program that provides monthly benefits to households for purchasing the food they need to maintain adequate nutrition. Participation in the Free and Reduced-Price (F/RP) school meal program means that your family could be eligible for the CalFresh food assistance program.

On the **Application for Free and Reduced-Price Meals w/CalFresh Option** there is a place for you to consent to allow the Schools District to share your contact information with CCDSR:

OPTIONAL Parent or guardian consent to information-sharing for CalFresh benefits—Pursuant to California *Education Code* 49558(d)

Upon consent, this application or the information it contains, will **only** be shared with your local CalFresh agency and **only** for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student's parent or guardian. In households with multiple families, the parent or guardian of each student must sign for their own child(ren). Declining to provide consent will not affect your child's eligibility for the free and reduced-price meal program.

Check this box if you are the parent or guardian of every student listed in STEP 1 (on other side) to consent to sharing this application as stated above. Print and sign parent name and enter today's date.

With your contact information, a friendly CCDSR staff member will contact you to determine your eligibility. Once you have been screened as potentially eligible you have the option to attend our CalFresh Workshop where a team will help you complete your application. That same day a county worker will review and approve your application if eligible. The information used in the application remains confidential and can only be used for enrollment in the CalFresh program.

For more information: Catholic Charities 707-284-3850 x374 calfresh@srcharities.org