
Sharing Information with Medicaid/CHIP

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.

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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **College Board Exams, A.P., S.A.T.& A.C.T. testing.**
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **High School Technology Fee.**
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Athletic Fees.**
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Middle School Nature's Classroom Trip.**
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Middle School Washington D.C. Trip**

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: _____

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Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Laurie Cascione, Director of Food Services** at 508-892-7030x1190 or e-mail: cascionel@lpsma.net.

Return this form to: **Laurie Cascione, Director of Food Services** 174 Paxton St., Leicester, MA 01524