



## Consent for Disclosure

(Sharing Household Income Information with Other Programs)

Dear Parent/Guardian:

**You do not have to sign or send in this form to get free breakfasts or lunches for you student(s). If you do not sign the Consent for Disclosure, it will not affect eligibility for or participation in any Child Nutrition Programs.**

To save you time and effort, information about your Household Economics Survey may be shared with other programs for which your children may qualify for additional benefits. For the programs listed below, we must have your permission to share your information.

**Yes**, I DO want school officials to share information about my Household Economic Survey in order for my child(ren) to be eligible for the programs I have checked below.

Enrollment Fee Waiver

College Entrance Exam Waiver (ACT, PSAT, SAT)

**Your household's 21-22 Household Economic Survey and this form must be completed within 30 days of your student's first day of attendance for their your child to be eligible for these programs. Eligibility is based on criteria set by the State's Fiscal Auditing Department.**

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: \_\_\_\_\_

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

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

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

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian's Mailing Address: \_\_\_\_\_

For more information regarding the Enrollment Fee Waiver program or College Entrance Exam Waiver program, contact your child's school.



# PERRY ★ LECOMPTON

UNIFIED SCHOOL DISTRICT 343

**PLEASE COMPLETE THE *CONSENT FOR DISCLOSURE FORM* TO TAKE ADVANTAGE OF FEE WAIVER AND ACT TESTING FEE WAIVER BENEFITS FOR YOUR STUDENT.**

Please fill out this form for your child's school district to receive specific State and Federal funding. **You do not need complete this form if you have a current case number from the State that assigns you DIRECT CERTIFICATION status to receive free meals from Food Assistance (FA), Temporary Assistance for Families (TAF), Foster Child status, certified as Migrant, Runaway or Homeless, or enrolled in Head Start. But, be sure to complete the Consent for Disclosure Form to take advantage of Fee Waiver Benefits for your child.**

## 2021-2022 Household Economic Survey

\* There are \_\_\_\_\_ people in my household, including all children and adults.

\* The total annual gross income for **all** people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is \_\_\_\_\_ per year.

Student Name	School Attending	Grade	Date of Birth

**I certify (promise) that all information on this application is true and that all income is reported. I understand the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

Parent/Guardian **MAILING ADDRESS:** \_\_\_\_\_

**For School Use Only:**     Free income eligibility     Reduced income eligibility     Not Eligible

\_\_\_\_\_ *Determining Official Initials*