## CHARLOTTE COUNTY PUBLIC SCHOOLS

# Office of School Nutrition Services 2023-2024

#### SHARING INFORMATION WITH OTHER PROGRAMS

#### Dear Parent/Guardian:

As a division who participates in the Community Eligibility Provision (CEP), CCPS does not collect meal applications but does receive monthly Direct Certification (DC) from the state with identified students. Identified students are defined as students who are approved for free meals through other means than household meal applications such as: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), DC for **free** meals based on Medicaid income data, or other categorical programs such as homeless, runaway, migrant, or foster care.

During the school year, some educational programs (listed below) may require information regarding your students Direct Certification status to determine program eligibility or waivers for fees. In order to share this information, CCPS must have your permission. Please complete the below information and return it to your school as soon as possible. \*Only one form needs to be completed for each household.

For the following programs, we must have your permission to share your information.

- 21st Century
- Title I
- FFA
- RHHS Guidance for SATs and College Applications fee waivers
- RHHS CTE & Perkins
- Summer School
- Operation Christmas Parent
- Fee waiver requests

### Please list the each student in your household and the school below:

| Child's Name:                                      | School:   |     |
|--|---|-----|
| Child's Name:                                      |   |     |
| Child's Name:                                      |   |     |
| Child's Name:                                      |   |     |
|  |   |     |
| □ No! I <b>DO NOT</b> give permission for inform   | nation to be shared, if requested, for the above listed program | ıS. |
| ☐ Yes! I <b>DO</b> give permission for information | to be shared, if requested, for the above listed programs.      |     |
| Parent/Guardian <b>Printed</b> Name:               |   |     |
| Signature of Parent/Guardian:                      |   |     |
| Date: :  | <u> </u>  |     |

For more information, you may call Christine Powell at 434-542-5151