

**Penn Cambria School District
Food Service Department
School Lunch Program**



Information and Application



PENN CAMBRIA SCHOOL DISTRICT

Excellence in Public Education

August, 2011

Dear Parents,

Food Service Solutions is a software program that will allow you to place money into an account that can only be accessed by your child for his/her meals. This software system takes a picture of your child's fingerprint and mathematically calculates a number that identifies your child in the software program. No two children have the same finger print ID number, so no other child can access your child's account at any time. The system takes into account free and reduced meals, keeps track of qualified children confidentially, and reports to the National School Lunch Program the number of meals served in each school on a monthly basis. We urge you to take full advantage of this system by placing money into your child's account on a weekly, bi-weekly, or monthly basis. Furthermore, you can log onto www.myschoolaccount.com to track what your child is eating, how much money is in the account, and to make electronic check payments. Directions for creating a parent account are enclosed.

Parents who prefer to send cash payments may place money into their child's account using the envelope provided in this packet. For cash payments:

- Include your child's name, school, and the amount of money you want for meals or A la Carte (additional food) items.
 - Lunch money is the money for a type "A" school lunch. Costs are:
 - \$1.80 for a full price Secondary Meal (5-12 grade)
 - \$1.70 for a full price Elementary Meal (K-4 grade)
 - \$0.40 for a reduced meal.
 - Breakfast money should be included with the lunch money. Breakfast costs are:
 - \$1.00 for full price breakfasts
 - \$0.30 for reduced breakfast

- Plan the number of meals your child will eat in a week and multiply this by both the full or reduced rates and place the total in the lunch area of the envelope.
 - Next, plan the number of days your child will pack a lunch and multiply this by either \$0.55 for white milk or \$0.60 for

Administration Office
201 6th Street
Cresson, PA 16630
(814) 886-8121
(814) 886-4809 (Fax)

High School
401 Linden Avenue
Cresson, PA 16630
(814) 886-8188
(814) 884-3977 (Fax)

Middle School
401 Division Street
Gallitzin, PA 16641
(814) 886-4181
(814) 886-9308 (Fax)

Intermediate School
376 Wood Street
Lilly, PA 15938
(814) 886-8532
(814) 886-5389 (Fax)

Primary School
400 Main Street
Lilly, PA 15938
(814) 886-2151
(814) 886-5419 (Fax)

Pre-Primary School
205 6th Street
Cresson, PA 16630
(814) 886-8166
(814) 886-4809 (Fax)

chocolate or strawberry, then place this total in the A la Carte portion of the envelope.

- Milk money for packed lunches is considered an A la Carte item and should be placed in the A la Carte area of the envelope.
- The total of the lunch area plus the A la Carte area is the amount of money you place in the envelope and send to school with your child.
- Your child should give this envelope to the cafeteria employees in the morning so the money can be credited to their accounts.

Your child's account balance will be reduced daily by the amount he/she spends for meals and A la Carte items. If your child has a negative balance you will receive a detailed statement via mail letting you know that you must send sufficient funds to pay off the debt and fund future meal purchases.

No child will be refused a lunch due to a low account balance. However, when an account balance reaches negative \$8.50, a verbal warning will be given to the student and they will not be permitted to purchase any A la Carte items. The student will receive an alternative lunch until the debt is paid in full. The alternative lunch will consist of a peanut butter or cheese sandwich, an apple and milk.

The A la Carte account is optional and is used to **purchase milk on days students do not buy a school lunch**, or to purchase extra food items or milk in addition to the regular school lunch. All children have access to purchasing A la Carte items the first day of school. However, not all parents want their children to continue to have this option throughout the school year. Therefore, you will find an A la Carte permission denial form enclosed. If you do not want your child to have the option to purchase A la Carte please fill out and return this form with your child on the first day of school or mail it in with your free and reduced application.

Thank you for your time. Should you have any questions or concerns, please contact me at (814) 886-7753.

Sincerely,

Christen L. Perrone

Christen L. Perrone
Food Service Director
Penn Cambria School District

2011-2012
PENN CAMBRIA FOOD SERVICE
A LA CARTE PERMISSION DENIAL FORM

ONLY FILL THIS FORM OUT IF YOU DO NOT WANT YOUR CHILD TO BE ABLE TO PURCHASE A LA CARTE ITEMS. A LA CARTE ITEMS MAY INCLUDE SNACKS, EXTRA MILK, EXTRA FRUIT, EXTRA VEGETABLES, ETC.

Enter the name, school building and grade for each child for whom you are declining the A la Carte option. Make sure to sign and date where indicated.
Return the form to school with your child or send it to: Penn Cambria Food Service, 201 6th Street, Cresson, PA 16630. Any questions, please feel free to call 814-886-7753.

Child's name: _____ Building: _____ Grade: _____
_____ I do NOT want my child to have A la Carte option.

Child's name: _____ Building: _____ Grade: _____
_____ I do NOT want my child to have A la Carte option

Child's name: _____ Building: _____ Grade: _____
_____ I do NOT want my child to have A la Carte option.

Child's name: _____ Building: _____ Grade: _____
_____ I do NOT want my child to have A la Carte option.

Child's name: _____ Building: _____ Grade: _____
_____ I do NOT want my child to have A la Carte option.

Signature of Parent/Guardian: _____

Date: _____

Penn Cambria School District
Department of Food Service

Dear Parents,

Our school district offers an online service that will allow you to monitor your children's lunchtime purchases, track what your children have been eating for the past 30 days, make deposits directly into their meal accounts, and have an email reminder sent to you when an account balance gets low. Student debit account deposits can be made through ACH payments. Each child's account will be updated nightly so that account balance information and payments will be current as of the following day.

In order to take advantage of this convenient new service, you will need to create a parent account. This requires you to:

1. Go to www.myschoolaccount.com.
2. Click "Create Account" on the top menu bar.
3. Fill in the required information on the "Parent Account Sign-Up page."
4. Choose <school district> from the "School District" drop down menu.
5. Create a User ID and Password
6. Click the "Accept" box, and then click "Signup." An email will be sent to your email address that will contain a "verification code."

After you receive the "verification code" you may begin to add your children's information. To do this, you will need to:

1. Go to www.myschoolaccount.com and login using your previously created user ID and password.
2. Enter the "verification code" to verify your account and email address.
3. Begin adding your children's information according to the guidelines provided. You will need each of your children's student ID numbers and date of birth to add each student. If you do not remember your children's ID numbers, they can be obtained by contacting the Food Service office at 814-886-7753.
4. After the students are added you will be able to view the lunch account activity and make payments to the student lunch account.

Note: A parent account can be linked to many children, but a child can only be linked to one parent.

We urge you to take full advantage of this system by making deposits into your children's accounts on a weekly, bi-weekly, monthly, or annual basis. You are free to choose the amount of each deposit. There is a \$1.95 fee per transaction for the ACH payment service. Any money that is not spent by the end of the school year will be available the following school year. If you have already created a parent account at www.myschoolaccount.com, you do not have to create another account. These new services are already available to you. If you have any questions about this, please contact the district Food Service Office at 814-886-7753.

Sincerely,

Christen Perrone

Food Service Director

Learn more about FSS[®], the provider of www.myschoolaccount.com, by visiting www.foodserve.com.

PENN CAMBRIA SCHOOL DISTRICT

2011-2012 School Year

Dear Parent/Guardian:

Children need healthy meals to learn. **Penn Cambria School District** offers healthy meals every school day. Breakfast costs **\$1.00** at all schools. Lunch costs **\$1.70** at the elementary schools and **\$1.80** at the middle and high schools. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? **No.** Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Penn Cambria Food Service, 201 6th Street, Cresson, PA 16630; Phone (814) 886-7753.** Families can also apply online for free or reduced school meals, and other assistance benefits, at www.compass.state.pa.us.
2. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all those living in your household, related or not, who share income and expenses.
3. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP (Supplemental Nutrition Assistance Program)** or **TANF (Temporary Assistance to Needy Families)**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
4. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income and should be included on the household application. They are no longer considered a household of one.
5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at **(814) 886-7753** if you have questions.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first 30 operating days of this school year. You must send in a new application by **October 11, 2011** unless the school told you that your child has been directly certified for free meals for the new school year.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes, and we may also ask you to send written proof.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Mrs. Mary Beth Whited, Superintendent, 201 6th Street, Cresson, PA, phone (814) 886-8121.**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
14. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP (Supplemental Nutrition Assistance Program)** or other assistance benefits, contact your local assistance office or call **1-800-692-7462**

If you have other questions or need help, call **(814) 886-7753**.

Si necesita ayuda, por favor llame al teléfono: (814) 886-7753.

Si vous voudriez d'aide, contactez nous au numéro: (814) 886-7753.

Your children may qualify for reduced price or free meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2011-2012			
Household size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$ 388
2	\$27,214	\$2,268	\$ 524
3	\$34,281	\$2,857	\$ 660
4	\$41,348	\$3,446	\$ 796
5	\$48,415	\$4,035	\$ 932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional person:	+\$7,067	+\$589	+\$136

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF NO ONE IN YOUR HOUSEHOLD GETS **SNAP** OR **TANF** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: Skip this part.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **Mr. Bill Marshall at (814) 886-8188**.

Part 3: Complete child's name, grade and school the child attends only if a child in your household is eligible under Part 1. Complete entire section if Part 1 was skipped.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

Part 5: Answer this question if you choose.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: Skip this part.

Part 2: Skip this part

Part 3: List all foster children and the name of school each child attends. Check the box indicating the child is a foster child. Include the grade of the school aged child.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

If some of the children in the household are foster children:

Part 1: If the household does not have a case number, skip this part.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **Mr. Bill Marshall at (814) 886-8188**. If not, skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child. Include the income for the household members who have income. Include the grade of the school aged child.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses (NET income). This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: If the household does not have a case number, skip this part.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **Mr. Bill Marshall at (814) 886-8188**. If not, skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Include the grade of the school aged child.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses (NET income). This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: Answer this question if you choose.

2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES **SNAP** OR **TANF Cash Assistance**, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 3** AND only fill out the child's name, grade and school the child attends. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: _____ CASE NUMBER: _____

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL Mr. Bill Marshall at (814) 886-8188.

HOMELESS MIGRANT RUNAWAY

PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1. NAME (List all household members, include grade of school aged child)	Check if a foster child (legal responsibility of welfare agency or court)	Name of School child attends	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				
			Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income	Check if NO income
(Example) Jane Smith	<input type="checkbox"/>		\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly	<input type="checkbox"/>
	<input type="checkbox"/>		\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
	<input type="checkbox"/>		\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
	<input type="checkbox"/>		\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
	<input type="checkbox"/>		\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
	<input type="checkbox"/>		\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
	<input type="checkbox"/>		\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign Here: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Last four digits of Social Security Number: ***-**-____ I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific
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DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household Size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Reason: _____

Temporary: Free___ Reduced___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____ Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____

Signature of School Employee Completing Verification: _____ Date: _____

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

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 **Sandra Evans** at **(814) 886-8121 x1002** or e-mail at **EvansSL@pcam.org**.

Return this form to: Penn Cambria Food Service, 201 6th Street, Cresson PA, 16630 by October 11, 2011.

SHARING INFORMATION WITH OTHER PROGRAMS

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.

-
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Head Start**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Pre-K Counts**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Admiral Peary Area Vocational-Technical School**.

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: _____

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 **Sandra Evans** at **(814) 886-8121 x1002** or e-mail at **EvansSL@pcam.org**.

Return this form to: Penn Cambria Food Service, 201 6th Street, Cresson, PA 16630 by October 11, 2011.