# ELIGIBILITY INFORMATION DISCLOSURE AGREEMENT

## *Shared Between Child Nutrition Program Sponsors*

_____
Determining Agency

and

_____
Requesting Agency

From _____ to _____
Effective Dates

The agency which made free and reduced price meal or free milk eligibility determination (Determining Agency) and the agency requesting eligibility information (Requesting Agency), as named above and in accordance with provisions of the National School Lunch Act, as amended (42 U.S.C. 1751(b)(2)(C) that permit, without applicant consent, all eligibility information obtained through children's free and reduced price meal eligibility processes to be shared between agencies authorized to operate programs under the National School Lunch Act or Child Nutrition Act of 1966, agree as follows:

The ***Determining Agency*** will disclose to the ***Requesting Agency*** requested information obtained through children's free and reduced price application or direct certification or verification. This information will be provided only to persons within the ***Requesting Agency*** directly responsible for Child Nutrition Program administration and compliance.

The ***Requesting Agency*** verifies that it is currently authorized by the West Virginia Department of Education to operate the following Child Nutrition Program(s) and that information requested will only be used to determine eligibility for program(s) indicated:

☐ National School Lunch Program
☐ National School Breakfast Program
☐ Special Milk Program
☐ Child and Adult Care Food Program
☐ Summer Food Service Program

The ***Requesting Agency*** agrees to comply with all disclosure limitations contained in Child Nutrition Program regulations and statutes. Further use or disclosure not specified in this agreement is prohibited. Improper disclosure may result in a fine of not more than $1,000 or imprisonment of not more than one year, or both.

**DETERMINING AGENCY**

_____
Agency Name

_____
Address

_____
City/State/Zip

_____
Authorized Administrator Name

_____
Title

_____
Signature

_____
Date

**REQUESTING AGENCY**

_____
Agency Name

_____
Address

_____
City/State/Zip

_____
Authorized Administrator Name

_____
Title

_____
Signature

_____
Date

**The USDA is an equal opportunity provider and employer.**

# ELIGIBILITY INFORMATION DISCLOSURE AGREEMENT

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**This request is made by** _____
Child Nutrition Programs Sponsor

Address: _____

_____

Telephone: _____

**This request is made to** _____
Determining Child Nutrition Program Agency

This is a request for the following eligibility information obtained through current children's free and reduced price meal eligibility processes. All requested information will be handled in accordance with a disclosure agreement between these agencies effective _____ to _____.

I certify that requested information will be disclosed only to authorized persons for Child Nutrition Program purposes as indicated in the disclosure agreement.

**Requesting Agency Administrator**

Name _____

Title _____

Signature _____

Date _____

I certify that eligibility status provided above is accurate based on free and reduced price meal eligibility determination processes used by this agency.

**Determining Agency Administrator**

Name _____

Title _____

Signature _____

Date _____

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# ELIGIBILITY INFORMATION DISCLOSURE AGREEMENT

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**Determining Agency** _____

***Please check the eligibility status of children listed below:***

| ELIGIBILITY STATUS | | Status | | | |
|---|---|---|---|---|---|
| **Name of Participant** | **Address** | **Free** | **Red.** | **Paid** | **Not Available** |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |

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| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |

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| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
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