**ELIGIBILITY INFORMATION DISCLOSURE AGREEMENT**

***Between Child Nutrition Program and Other Agency/Program***

|  |  |  |
| --- | --- | --- |
|  | **and** |  |

Determining Agency Requesting Agency and Program

|  |  |  |  |
| --- | --- | --- | --- |
| 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 and Program), 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 permits names and eligibility status obtained through childrens free and reduced price meal eligibility processes to be disclosed to state agencies and local education agencies authorized to administer Federal education programs, state health programs and/or state education programs.

The **Determining Agency** will disclose to the **Requesting Agency and Program**, names and meal eligibility 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 and Program** responsible for program administration and compliance.

The **Requesting Agency/Program** verifies that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) as indicated:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Federal education program | | |  | Federal health program | |
|  | Specify program |  |  |  | Specify program |  | |

(Requires Household Consent)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | State health program administered by a state | | |  | Local health program | |
|  | agency or local education agency | | |  | Specify program |  |
|  | Specify program |  |  |  | (Requires Household Consent) | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | State education program administered by a | | |  | Local education program | |
|  | state agency or local education agency | |  |  | Specify program |  | |
|  | Specify program |  |  |  | (Requires Household Consent) | | |

The Requesting Agency and Program verifies that requested information will be used solely for the purpose indicated.

|  |  |
| --- | --- |
| Purpose |  |

The **Requesting Agency and Program** 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 |  | REQUESTING AGENCY AND PROGRAM |
|  |  |  |
| Agency Name |  | Agency and Program Name |
| Address |  | Address |
| City/State/Zip |  | City/State/Zip |
| Authorized Administrator Name |  | Authorized Administrator Name |
| Title |  | Title |
| Signature |  | Signature |

Date Date

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**ELIGIBILITY INFORMATION DISCLOSURE AGREEMENT** Page 2 of \_\_\_\_

***Between Child Nutrition Program and Other Agency/Program***

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| This request is made by |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Agency Program

|  |  |  |
| --- | --- | --- |
| 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 solely for program purposes as indicated in the disclosure agreement.

|  |  |  |
| --- | --- | --- |
| **Requesting Agency /Program 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** Page 3 of \_\_\_\_

***Between Child Nutrition Program and Other Agency/Program***

|  |  |
| --- | --- |
| **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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**ELIGIBILITY INFORMATION DISCLOSURE AGREEMENT** Page 4 of \_\_\_\_

***Between Child Nutrition Program and Other Agency/Program***

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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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**ELIGIBILITY INFORMATION DISCLOSURE AGREEMENT** Page \_\_\_\_ of \_\_\_\_

***Between Child Nutrition Program and Other Agency/Program***

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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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