

PARENTAL OR GUARDIAN CONSENT TO RELEASE HOUSEHOLD BENEFITS APPLICATION TO THE CALFRESH PROGRAM

Dear Parent/Guardian:

Your eligibility in the Free and Reduced-Price (F/RP) school meal program means your family could also be eligible for the CalFresh food assistance program. CalFresh provides monthly benefits to households for purchasing the food they need to maintain adequate nutrition. By signing this form, you consent to allow the Santa Cruz City School District to share the information you provided on your F/RP school meal application with the Santa Cruz County CalFresh Office/Second Harvest Food Bank (CalFresh Office) that is responsible for determining eligibility (benefits) for the CalFresh program. Or if you prefer to apply directly and not exchange this information, you may call the CalFresh program at 1-877-847-3663 or apply online at <http://www.calfresh.ca.gov>.

Please note, your participation in the CalFresh program is voluntary. Failure to sign this consent form will not affect your child's eligibility or participation in the district's F/RP school meal program.

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Please check the box above if you want to apply for CalFresh benefits for your family.

Yes! I want the District to share information from my F/RP school meal application with the CalFresh Office to determine if my family is eligible for CalFresh benefits. I realize that the information provided will be shared only with the CalFresh Office.

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Child's Name: _____

School: _____

By signing this consent form, I voluntarily consent to let the District share the information on my Preserving School Funding & Family Benefit application with the CalFresh Office, and I acknowledge that I have read and understood all the information on this form.

Also, by consenting to this process, I understand that the CalFresh Office will provide me with a CalFresh application to determine CalFresh eligibility.

Signature of Parent/Guardian: _____ Date: _____

Printed Name _____

Address: _____

Phone: _____ e-mail: _____

If you have any questions about this form or this process, you may contact Amy Hedrick-Farr, Director of Food Services, at (831) 429-3850 or by e-mail at amyhedrickfarr@sccs.net.