



Upper Saddle River Schools

Administrative Offices

395 West Saddle River Road
Upper Saddle River, New Jersey 07458
201-961-6500 (voice) ~ 201-934-4923 (fax)

Brad Siegel, Ed.D.
Superintendent of Schools

Dana Imbasciani
Board Secretary/Business Administrator

August 2018

Dear Parent or Guardian:

All students enrolled in New Jersey public schools must be surveyed to determine the percentage of students who qualify for free and reduced price school meals. This survey is necessary even if the school does not participate in any of the federally funded Child Nutrition Programs.

On the reverse side is an application to be used for survey purposes.. Please fill out this application as soon as possible, sign it and return it to either your child's school or the Upper Saddle River Board of Education.

New Jersey is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with the NJ Family Care to determine if your children qualify to participate in this state insurance program. If you do not wish to share your information with Medicaid or NJ Family Care, you must complete and sign the enclosed information sharing form for Medicaid or NJ Family Care, and return it to your child's school. Contact information for NJ Family Care is listed below:

NJ Family Care www.njfamilycare.org 1-800-701-0710

Contact Angie Griffin at the Upper Saddle River Board of Education Office, **201-961-6504**, if you have any questions.

Thank you for your cooperation.

Sincerely,

Dana Imbasciani
Business Administrator/Board Secretary

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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| (1) | Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410; | (2) | Fax: (202) 690-7442; or |
| | | (3) | Email: program.intake@usda.gov . |

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SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals (milk), they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. 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 NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare 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 NJ FamilyCare, 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 (NJ FamilyCare)

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: _____

Return this form to your child's school, **ONLY** if you do **NOT** wish your information to be shared with Medicaid or NJ FamilyCare.