



# 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)

Dr. Monica M. Browne  
Superintendent of Schools

Dana Imbasciani  
Board Secretary/Business Administrator

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Dear Parent or Guardian:

Under New Jersey State Law, all children enrolled in a public school must be surveyed. This survey is necessary EVEN IF THE SCHOOL AND/OR SPLIT SESSION KINDERGARTEN OR PREKINDERGARTEN CLASSES DO NOT PARTICIPATE IN ANY OF THE FEDERALLY FUNDED CHILD NUTRITION PROGRAMS.

**On the reverse side** is an application to be used for survey purposes and must be returned. 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 FamilyCare 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 FAMILYCARE, YOU MUST COMPLETE AND SIGN THE ENCLOSED INFORMATION SHARING FORM FOR MEDICAID OR NJ FAMILYCARE AND RETURN IT TO YOUR CHILD'S SCHOOL. Contact information for NJ FamilyCare is listed below:

NJ FamilyCare      [www.njfamilycare.org](http://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

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If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing 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.

## SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

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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 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).

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- 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.