



Division of Fiscal and Administrative Services

Kansas State Department of Education
Landon State Office Building
900 SW Jackson Street, Suite 354
Topeka, Kansas 66612-1212

(785) 296-3871
(785) 296-6659 - fax
www.ksde.org

Consent for Disclosure Sharing Information with Other Programs

Dear Parent/Guardian:

You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent of Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No, I DO NOT** want information about my children's eligibility for Child Nutrition Program benefits shared with any of these programs.
- Yes, I DO** want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.

Tax Credit for Low Income Students Scholarship Program

If you checked yes to the boxes above, fill out the form below. Your information will be shared only with the program you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call:

KSDE Official's Name: Nicole Norwood

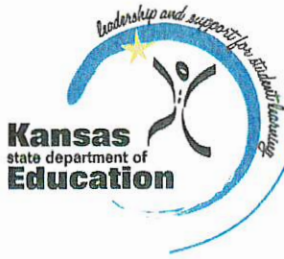
Phone: 785-296-2020

The Scholarship Granting Organization should mail this form to the address below:

KSDE, Attn: Nicole Norwood, 900 SW Jackson Street Suite 356, Topeka, KS 66612

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at 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. 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.



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TAX CREDIT FOR LOW INCOME STUDENT SCHOLARSHIP PROGRAM CONSENT FOR RELEASE OF INFORMATION

This form authorizes the State Department of Education to share personally identifiable information with **Support for Catholic Schools, Inc.** (scholarship granting organization) in accordance with 2014 Senate Substitute for House Bill 2506 which contains provisions for the Tax Credit for Low Income Student Scholarship Program. Enrollment with a qualified school, should the child qualify for the program and receive a scholarship, would begin August. (Indicate August or January semester and year)

By signing and dating this Consent for Release of Information form, the child's legal guardian grants consent to the State Department of Education to verify the eligibility of the child to participate in the Tax Credit for Low Income Student Scholarship Program.

This consent will remain in effect until it is revoked in writing by parent/guardian. The parent/guardian signing this form has the right to revoke this consent at any time. **Parents should submit this form to the scholarship granting organization and not to the Kansas Department of Education.**

Printed Name of Child _____

Date of Birth _____

Printed Name of Child _____

Date of Birth _____

Printed Name of Child _____

Date of Birth _____

Printed Name of Child _____

Date of Birth _____

Printed Name of Child _____

Date of Birth _____

Printed Name of Child _____

Date of Birth _____

Parent/Guardian Signature _____

Relationship _____

Printed Name of Parent/Guardian _____

Date _____

Legal Address of the Child _____

Parent/Guardian Phone Number _____



School Finance

Kansas State Department of Education
 Landon State Office Building
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 Topeka, Kansas 66612-1212

(785) 296-3872
 (785) 296-6659 - fax
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Household Economic Survey

TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM

This form is to verify the income eligibility of a student for the Tax Credit for Low Income Students Scholarship Program.

There are _____ people in my household, including all children and adults.

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is _____ per year.

Student Name	School	Grade	Date of Birth

Additional students are listed on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.

 Signature of Parent or Guardian Date Phone

For School Use Only: Free Reduced Not Eligible

Student eligible for program based on income: YES NO