# DATA SHARING AGREEMENT Disclosure of Free and Reduced-price Information

## I. PURPOSE AND SCOPE

[	[ ] and [ ]		
Insert Name of Determin	ing Agency	Insert Name of Receiving Agency	
obtained under provisions 1966 (42 USC 1771 et seq.)	of the National School Lunch	d-price meal and free milk eligibilit Act (42 USC 1751 et seq.) or Chilo nplementing these Acts is confider ion disclosed by the	Nutrition Act of
[	] to th	e [	]
Insert Name of Determin	ing Agency	Insert Name of Receiving Agency	
about children eligible for t in this Agreement and that	•	or free milk will be used only for p	ourposes specified
1	land	ſ	1

	] and [
Insert Name of Determining Agency	Insert Name of Receiving Agency

recognize that there are penalties for unauthorized disclosures of this eligibility information.

# **II. AUTHORITY**

Section 9(b)(6)(A) of the National School Lunch Act (42 USC 1758(b)(6)(A)) authorizes the limited disclosure of children's free and reduced-price meal or free milk eligibility information to specific programs or individuals, without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the State Medicaid (Apple Health) Program and the State children's health insurance program (SCHIP). Additionally, the statute specifies that for any disclosures not authorized by the statute, the consent of children's parents/guardians must be obtained prior to the disclosure.

Note: Section 9(b)(6)(A) specifies that certain programs may receive children's eligibility status only, without parental consent. Parental consent must be obtained to disclose any additional eligibility information. Section 9(b)(6)(D)(ii) specifies that for State Medicaid (Apple Health) or SCHIP, parents must be notified and given opportunity to elect not to have information disclosed. Social security numbers may only be disclosed if households are given notice of the disclosure and the uses to be made of their social security numbers as required by Sec. 7 of the Privacy Act.

The requesting agency certifies that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) indicated.

Check All That Apply	Program By Category	Information Authorized
	Medicaid (Apple Health) or the State children's health insurance program (SCHIP), administered by a state or local agency authorized under titles XIX or XXI of the Social Security Act. List Title of Program(s):	All eligibility information, unless parents elect not to have information disclosed.
	State health program other than Medicaid/SCHIP, administered by a state agency or local education agency. List Title of Program(s):	Eligibility status only; consent not required.
	Federal health program other than Medicaid/SCHIP. List Title of Program(s):	NO eligibility information, unless parental consent is obtained.
	Local health program. List Title of Program(s):	NO eligibility information, unless parental consent is obtained.
	Child Nutrition Program under the National School Lunch Act or Child Nutrition Act. List Title of Program(s):	All eligibility information; consent not required.
	<i>Federal/State or local means-tested nutrition program</i> with eligibility standards comparable to the National School Lunch Program. List Title of Program(s):	Eligibility status only; consent not required.
	Federal education program. List Title of Program(s):	Eligibility status only; consent not required.
	State education program administered by a state agency or local education agency. List Title of Program(s):	Eligibility status only; consent not required.
	Local education program. List Title of Program(s):	NO eligibility information, unless parental consent is obtained.

#### **III. RESPONSIBILITIES**

[		] will:
Insert Name of Determining Agency		

- When required, secure parent's/guardian's consent prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act, unless prior consent is secured by the receiving agency and made available to the determining agency;
- For State Medicaid (Apple Health) and SCHIP notify parents/guardians of potential disclosures and provide opportunity for parents/guardians to elect not to have information disclosed;
- Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

[]	will:
Insert Name of Receiving Agency	

• Ensure that only persons who are directly connected with the administration or enforcement of the program and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:

Specify by name(s) or title(s) \_\_\_\_\_

• Use children's free and reduced-price eligibility information for the following specific purpose(s):

(	Describe	1
١.	Describe	,

- Inform all persons that have access to children's free and reduced-price meal eligibility
  information that the information is confidential, that children's eligibility information must only
  be used for purposes specified above, and the penalties for unauthorized disclosures.
- Protect the confidentiality of children's free and reduced-price meal or free milk eligibility information as follows:
  - (Specifically describe how the information will be protected from unauthorized uses and further disclosures)
  - (Describe the procedures for transferring students' meal eligibility information from the determining agency to the requesting agency/program so as to limit the number of individuals who have access to the information)

## **IV. EFFECTIVE DATES**

## V. PENALTIES

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(6)(C) of the National School Lunch Act; 42 USC 1758(b)(6)(C)) or a regulation, any information about a child's eligibility for free and reduced-price meals or free milk shall be fined not more than a \$1,000 or imprisonment of not more than 1 year or both.

### **VI. SIGNATURES**

The parties acknowledge that children's free and reduced-price meal and free milk eligibility information may be used only for the specific purposes stated above; that unauthorized use of free and reduced-price meal and free milk information or further disclosure to other persons or programs is prohibited and a violation of federal law which may result in civil and criminal penalties.

\*Any attachments will become part of this agreement.

Requesting Agency/Program Administrator	Determining Agency/Program Administrator
Signature:	Signature:
Printed Name:	Printed Name:
Title:	Title:
Date:	Date:
Phone:	Phone:

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) 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 <u>program.intake@usda.gov</u>. 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 (in Spanish).

USDA is an equal opportunity provider and employer.