REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have health care insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered health care insurance.

If NO is checked the school district will provide a MO HealthNet for Kids application for the family.

Completion of this form is not a condition of determining meal eligibility. Submission of your Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meal Family Application or return to your school/school district.

Printed name of parent/guardian:_____

Mailing Address: _____

City: _____ State: _____ Zipcode_____