

# 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. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

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

Name of Child/(ren): \_\_\_\_\_

\_\_\_\_\_

Name of School Child/(ren) attend: \_\_\_\_\_

\_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_