

2009/10 SHARING INFORMATION WITH MEDICAID/Healthy Start, Healthy Families

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 the State of Ohio Healthy Start, Healthy Families Program. 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 *Healthy Start, Healthy Families* that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and *Healthy Start, Healthy Families* 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 *Healthy Start, Healthy Families*, fill out the form below and send in (sending in this form will not change whether your children get free or reduced price meals).

No, I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the *Healthy Start, Healthy Families*.

If you checked no, fill out the form 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: _____

For more information, you may call Betsy Ryan at 231-3600, ext. 2948

Return this form with application.

2009/10 SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No, I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes, I DO want school officials to share information from my Free and Reduced Price School Meals Application with EMIS Student Information Report that is transmitted to the Ohio State Department of Education in October and June of each year.

Yes, I DO want school officials to share information from my Free and Reduced Price School Meals Application to waive school fees. (Filling out the Free and Reduced Price School Meals Application does not guarantee the waiver of fees.)

If you checked yes to any or all of 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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Betsy Ryan at 231-3600, ext. 2948

Return this form with application.