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 famil	ly have healthcare in	nsurance?
Y	ES	
	IO	
MO HealthNet (Medicaid) is considered healthcare insurance.		
If NO is checked the school district will pr Healthcare Coverage form for the family.		r Child Need
Completion of this form is not a condition and Reduced Price Meals Family Applicat response to this Request for Information.	ion will be reviewed	-
Submit this request with your Free and Re Application or return to your school/scho		Meals Family
Printed name of parent/guardian:		·
Mailing Address:		
City:	State:	Zip Code:

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