# 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 ha	ve healthcare insurar	nce?
YES		
NO		
MO HealthNet (Medicaid) is consid	lered healthcare ins	urance.
If NO is checked the school district will provide the Eform for the family.	Ooes Your Child Need	d Healthcare Coverage
Completion of this form is not a condition of determine Price Meals Family Application will be reviewed regainformation.		
Submit this request with your Free and Reduced Pri return to your school/school district.	ce School Meals Fam	nily Application or
Printed name of parent/guardian:		
Mailing Address:		
City:	State:	Zip Code:

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# Does your child need health care coverage?

# MO HealthNet for Kids may be the answer.

MO HealthNet for Kids is a program that provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines.)

# Who Is Eligible?

# A child:

- who is under age 19;
- who has or applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration),
- the parent must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support; and
  - who has countable family income which meets the income guidelines.

#### MO HealthNet for Kids Non-SCHIP

- 196% FPL for children under age 1
- 148% FPL for ages 1-18

# MO HealthNet for Kids (SCHIP) Non-Premium

- Family gross income over 148% FPL up to 150% FPL;
- · Child is uninsured

## MO HealthNet for Kids (SCHIP) Premium

- Family gross income over 150% FPL up to 300% FPL;
- Child is uninsured;
- Children in families with gross income over 150% FPL without access to affordable health insurance (from \$75 to \$189 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to insure that no family pays more than 5% of their income for coverage.

## To Apply:

- On line at <a href="https://mydss.mo.gov/healthcare">https://mydss.mo.gov/healthcare</a>. Please send an email to <a href="mailto:cole.mhnpolicy@dss.mo.gov">cole.mhnpolicy@dss.mo.gov</a> with subject line "School" to let us know to watch for your application.)
- **By telephone** at 1-855-373-9994. When speaking with a representative please tell them this is a "School Application".
- Request an application from 1-855-FSD-INFO (1-855-373-4636). Please write "SCHOOL" at the top of the application.
- <u>Print an application</u> online at <a href="http://dss.mo.gov/fsd/formsmanual/pdf/im-1ssl.pdf">http://dss.mo.gov/fsd/formsmanual/pdf/im-1ssl.pdf</a>. Please write "SCHOOL" at the top of the application.

# **INCOME GUIDELINES EFFECTIVE APRIL 1, 2017**

Children under age 1 at 196% of the federal poverty level:		
Family Size	Income Limit*	
1	\$1970	
2	\$2653	
3	\$3336	
4	\$4018	
5	\$4701	

Children ages 1-18 at 148% of the federal poverty level:		
Family Size	Income Limit*	
1	\$1488	
2	\$2003	
3	\$2519	
4	\$3034	
5	\$3550	

150% of the federal poverty level:		
Family Size	Income Limit*	
1	\$1508	
2	\$2030	
3	\$2553	
4	\$3075	
5	\$3598	

300% of the federal poverty level:		
Family Size	Income Limit*	
1	\$3015	
2	\$4060	
3	\$5105	
4	\$6150	
5	\$7195	

<sup>\*</sup>If appropriate the Federal Poverty level changes in April.