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 healthcare insurance?

	YES	
] NO	
MO HealthNet (Medicaid)	is considered healt	hcare insurance.
If NO is checked the school district wil Coverage form for the family.	l provide the Does \	Your Child Need Healthcare
Completion of this form is not a condi and Reduced Price Meals Family Appli response to this Request for Informati	cation will be revie	. ,
Submit this request with your Free and Application or return to your school/s		nool Meals Family
Printed name of parent/guardian:		
Mailing Address:		
City:	State:	Zip Code:

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