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.

districts to determine whe	ether or not all	children in	a family	have he	alth insuran	ce.
Does each c	hild in your fan	nily have h	ealthcare	e insuran	ce?	
		YES				
		NO				
MO HealthNet	(Medicaid) is	considered	l healthc	are insur	ance.	
If NO is checked the schoo Coverage form for the fam		ovide the	Does You	ur Child N	leed Healtho	care
Completion of this form is and Reduced Price Meals I response to this Request f	Family Applicat	ion will be	•	•	-	ee
Submit this request with y Application or return to yo				ol Meals F	- amily	
Printed name of parent/guardian:						
Mailing Address:						
City:		State:		Zip Code:		

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