

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.

-
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Athletic Department.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Guidance; scholarships and fee waivers.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs 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 Holbrook Food Services Director, Karen Tobin at

781-815-1609.

Return this form to: your child's school **immediately**.

SHARING INFORMATION WITH MEDICAID/SCHIP

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 Children's Health Insurance Program (SCHIP). 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 SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP 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 SCHIP, 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 State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed 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 Holbrook Food Services Director, Karen Tobin at

781-815-1609.

Return this form to: your child's school **immediately.**