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 you	r family have hea	althcare insurance?
	YES	
	□ NO	
MO HealthNet (Medicaid	d) is considered l	nealthcare insurance.
of NO is checked the school district Healthcare Coverage form for the f	•	Does Your Child Need
Completion of this form is not a cou and Reduced Price Meals Family Appressions to this Request for Inform	oplication will be	• • •
Submit this request with your Free Application or return to your schoo		ce School Meals Family
Printed name of parent/guardian:		
Mailing Address:		
City:	State:	Zip Code:

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