

# Holliston Public Schools

## Sharing Information with OTHER PROGRAMS

Dear Parent/Guardian:

If your children get free or reduced price school meals, they also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). 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 CHIP that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and CHIP 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 your children get free or reduced price school meals, they also may be eligible to receive assistance with other school programs. See below.

(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.
- YES! I DO want the Food Service Department to share information from my application with the Administration Office IF I am applying for assistance in Pre-School or Kindergarten Tuition.
- YES! I DO want the Food Service Department to share information from my application with the Administration Office IF I am applying for assistance in the Extended Day Program.
- YES! I DO want the Food Service Department to share information from my application with the Administration Office IF I am applying for assistance in the Busing.
- YES! I DO want the Food Service Department to share information from my application with the Administration Office IF I am applying for assistance in the Laptop Sharing Program.
- YES! I DO want the Food Service Department to share information from my application with the Administration Office IF I need assistance with in-school and in-town activities.

Please fill out and return this form to Holliston Public Schools, Food Service, 370 Hollis St., Holliston, MA 01746 to ensure that your information IS or IS NOT shared for the children listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent /Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_