## **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 he	ealthcare insurance?
	YES	
	NO	
MO HealthNet (Medicaid	l) is considered	l healthcare insurance.
If NO is checked the school district v Healthcare Coverage form for the fa		e Does Your Child Need
Completion of this form is not a con and Reduced Price Meals Family Appressions to this Request for Information	plication will b	
Submit this request with your Free a Application or return to your school,		•
Printed name of parent/guardian:		
Mailing Address:		
City:	State:	Zip Code:

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