

REQUEST FOR INFORMATION

(Print and 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 healthcare insurance?

YES

NO

MO Healthnet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request For Information.

Submit this request with your Free and Reduced Price School Meals Application, return to your school/school district, or contact Kimberly Henson, Food Service Secretary, @ 417-736-7000 ext. 1452 email kimberlyh@straffordschools.net to request the Does Your Child Need Healthcare Coverage form for the family. This information will be mailed to you directly upon request.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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