## **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 healthcare insurance?

	YES		
	NO		
MO HealthNet (Medicaid) is considered healthcare insurance.			
If NO is checked the school district w Coverage form for the family.	vill provide the	e Does Your Child Need Healthca	are
Completion of this form is not a cond and Reduced Price Meals Family App response to this Request for Informa	olication will be		e
Submit this request with your Free an Application or return to your school/		•	
Printed name of parent/guardian:			
Mailing Address:			
City:	State:	Zip Code:	

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