## **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 yo	our family have ne	eaithcare insurance?	
	YES		
	NO		
MO HealthNet (Medica	aid) is considered	healthcare insurance.	
f NO is checked the school district Coverage form for the family.	t will provide the [	Does Your Child Need Healtho	ca
Completion of this form is not a co and Reduced Price Meals Family A response to this Request for Inform	application will be		e
Submit this request with your Free Application or return to your scho		ce School Meals Family	
Student(s) Name/School			
Printed name of parent/guardian:			
Mailing Address:			
City:	State:	Zip Code:	

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