



## REQUEST FOR INFORMATION

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 health care insurance?**

YES

NO

If No is checked, the school district will provide a notice that the uninsured child may qualify for Missouri's health insurance program for children, MO HealthNet for Kids.

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

Please submit this request with your Free and Reduced Price School Meal Family Application or return to your school/school district.

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**Printed name of parent/guardian:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_