

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 health care insurance?

YES

NO

MO HealthNet (Medicaid) is considered health care 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.

Please submit this request to:

dknabe@bssd.net or return it to your school **attn.: Deena Knabe - SNS.**

Name of Child/(ren): _____

Name of School Child/(ren) attend: _____

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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