



EAST UNION COMMUNITY SCHOOL DISTRICT

1916 High School Drive • Afton, Iowa 50830

Name of adult completing form _____

***hawk-i* /Medicaid Information Form: Read this information and sign if you do not want your name released to *hawk-i* or Medicaid.**

If your children do not have health insurance, many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law requires schools to share your free and reduced price meal eligibility information with Medicaid and *hawk-i*, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and *hawk-i* can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

Childcare organizations may share this information at their option.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the *hawk-i* program. It will not affect your children's eligibility for free and reduced price meals. If you do NOT want your information shared with Medicaid or *hawk-i*, you must tell us by completing the information below at the time you complete this eligibility application. If you want further information, you may call *hawk-i* at 1-800-257-8563.

I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or *hawk-i*. Also, if you are already receiving Medicaid or *hawk-i*, please sign below. This will avoid another contact.

Child's Name: _____

School/Child Care/Head Start Center: _____

Child's Name: _____

School/Child Care/Head Start Center: _____

Child's Name: _____

School/Child Care/Head Start Center: _____

Parent/Guardian Name (Printed) _____

Signature _____ Date _____

WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is student fees. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of the student fee.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child (ren). I give up my rights to confidentiality for waiver of school fees ONLY.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/guardian _____ Date _____

YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS