

[Insert School District Letterhead]

Application for Waiver of Confidentiality

Optional: You do not have to complete this page to get free or reduced price school meals..

Dear Parent/Guardian:

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. Applications for a student fee waiver can be obtained from the school. Please check any of the boxes below if you would like to waive confidentiality to receive information for any of the benefits listed below.

- Health Insurance Yes.** I want information on health insurance for my child(ren). School personnel may release my child(ren)'s free and reduced price meal eligibility status to school health or community health personnel working directly with Medicaid/*hawk-i*. **This release of information is not an application to receive health insurance benefits.**

Example 1:

- (Name of local program) **Yes.** School officials may release my child(ren)'s free and reduced price meal eligibility status to (Name of organization) officials to determine eligibility for this program. This program provides (Insert description)

Example 2:

- (Name of local program) **Yes.** School officials may release my child(ren)'s free and reduced price meal eligibility status and my name and address to (Name of organization) for informational purposes. The organization may send me information about their program.

Child's Name: _____ School: _____

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

Signature of Parent/guardian: _____

Address: _____

Email Address: _____

Date: _____ Phone number: _____