

## Important Information About Free Lunches Free Lunch Notice – Give This Form to the School

**Great news! The student(s) listed below are eligible for free lunches at their school!** They may also get free breakfast and afterschool snacks, if their school offers them.

**You must do the following for the students to get free lunches:**

- Write the name of the **school** each student goes to.
- Write the **grade** each student is in.
- Sign and date by the **X** below. Include your phone number.
- Add any student(s) living with you who aren't on this letter. Include their name, birth date, school, and grade.
- Give this letter to the student(s)' school when the form is complete.

**If you have questions, only the student(s)' school can answer those for you.** Don't send this letter or call HHS.

Name	Birth Date	School	Grade

**X** \_\_\_\_\_  
Your Signature
Date
Daytime Phone

### FOR SCHOOL USE ONLY

These children qualify for free lunches, breakfasts, and snacks under the National School Lunch Program, School Breakfast Program, and the After-School Snack Program.

\_\_\_\_\_   
Date Received

\_\_\_\_\_   
Signature of School Official

This institution is an equal opportunity provider.

## Low-Cost Health Insurance for Children

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

The law requires public schools to share your free and reduced price meal eligibility information with Medicaid and Hawki, the state's medical insurance program for children. Private schools, RCCIs, and child care organizations may choose to share this information. Specifically, we will give them your child's name, your name, and address. Medicaid and Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced price meal application for any other purpose or to share it with any other entity or program.

You are not required to allow us to share this information. It will not affect your child's eligibility for free or reduced price meals. **If you do NOT want your information shared with Medicaid or Hawki you must tell us by completing the information below.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will avoid another contact.

My signature below indicates **I DO NOT** want school officials to share information from my free and reduced price meal application with Medicaid or Hawki.

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Signature of Parent/Guardian

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Date

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Printed Name