

SHARING INFORMATION WITH MEDICAID/SCHIP

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
(Rev. 7/10) G/tools/CACFP/Sharing Information with Medicaid-Schip Parent Letter

Date

Dear Parent or Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the information below:

Child's Name:	Center
Child's Name:	Center
Child's Name:	Center
Child's Name:	Center
Child's Name:	Center

Signature of Parent/Guardian:	Printed Name:
Mailing Address:	
Date:	

For more information, you may call:

Name:	Phone Number:
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Return this form to:

By:

Address:	Date:
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