

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 & **hawk-i**, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & **hawk-i** 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 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 hawk-i, you must tell us by completing the information below.** If you want further information, you may call **hawk-i** at 1-800-257-8563. Also, if you are already receiving Medicaid or **hawk-i**, 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 **hawk-i**.

Parent/Guardian Name (Printed) _____

Signature _____ Date _____

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA), Family Investment Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

USDA Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

Translated applications are available in 34 languages at:
<http://www.fns.usda.gov/school-meals/family-friendly-application-translations>

Iowa Non-Discrimination Statement: "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

If you are interested in seeing if you also qualify for free or reduced school fees, please complete the optional fee waiver form and return it to the Nutrition Department prior to September 30th, 2017. You do not have to waive confidentiality in order to qualify for school meal benefits and you may apply for meal assistance at any time throughout the school year.

2017-2018 WAIVER REQUEST FORM
NORWALK COMMUNITY SCHOOL DISTRICT

Optional Waiver Information

Release of Confidential Information for School Year 2017-2018

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits if this waiver is submitted to the Nutrition Office at 1600 North Avenue, Norwalk, Iowa 50211 or via email to dserres@norwalk.k12.ia.us, **prior to September 30, 2017**. I understand that I will be releasing information that will show I applied for free and reduced price school meals for my child(ren). **You do not have to sign below to receive free or reduced price meals.** I give up my rights to confidentiality for:

- The release of information to the District's Assessment Coordinator to allow him/her to inform parents and/or guardians of resources which may be of help to you and your child(ren) such as the Back Pack Buddy Program.
- Consideration for a full or partial waiver of:
 - a) Books
 - b) Band Uniforms
 - c) Choir Robe
 - d) Drivers Education
 - e) Transportation

Child's Name _____ School _____

Child's Name _____ School _____

Child's Name _____ School _____

Child's Name _____ School _____

Child's Name _____ School _____

Child's Name _____ School _____

Signature of Parent/Guardian _____ Date _____