

**2022-2023 WAIVER REQUEST FORM
NORWALK COMMUNITY SCHOOL DISTRICT**

Optional Waiver Information

Release of Confidential Information for School Year 2022-2023

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 1130 W. North Avenue, Norwalk, Iowa 50211 or via email to dserres@norwalk.k12.ia.us, **prior to September 30, 2022**. I understand that I will be releasing information that will show I applied for free and reduced-price school meal assistance for my child(ren). **You do not have to sign below to receive free or reduced-price school 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 _____

Signature of Parent/Guardian _____ **Date** _____

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 _____