### SHARING INFORMATION WITH MEDICAID/Healthy Start, Healthy Families

#### Dear Parent/Guardian:

If your children get free or reduced price school meals, they <u>may</u> also be able to get free or low-cost health insurance through Medicaid or the State of Ohio Healthy Start, Healthy Families Program. 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 Healthy Start, Healthy Families that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and Healthy Start, Healthy Families 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 *Healthy Start, Healthy Families*, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

	nation from my Free and Reduced Price School Meals edicaid or the <i>Healthy Start, Healthy Families</i> .
If you checked no, fill out the fo	orm below.
Child's Name:	School:
Signature of Parent/Guardian:	Date:
Printed Name:	Address:
For more information, you may call C	Carol Johnson at 330-876-2810.

This institution is an equal opportunity provider.

## SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:	
School Meals Application may be share may qualify. For the following program	ation you gave on your Free and Reduced Price ed with other programs for which your children ms, we must have your permission to share m will not change whether your children get
No! I <b>DO NOT</b> want information a Application shared with any of the	from my Free and Reduced Price School Meals nese programs.
	o share information from my Free and Reduced with [name of program specific to your
	o share information from my Free and Reduced with [name of program specific to your
	o share information from my Free and Reduced with [name of program specific to your
If you checked yes to any or all of th information will be shared only with	e boxes above, fill out the form below. Your the programs you checked.
Child's Name:	School:
Signature of Parent/Guardian:	Date:

For more information, you may call Carol Johnson at 330-876-2810. Return this form to: 7119 St Rt 7, Kinsman OH 44428 by September 15, 2017.

Printed Name:

Address:

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# Does your child qualify for the School Meals Program? If so, your family may qualify for free health coverage!







# Healthy Start & Healthy Families

Healthy Start offers free health care coverage for kids (birth to age 19) and pregnant women.

Healthy Families offers free health care coverage for the entire family - parents AND kids.

Healthy Start & Healthy Families Covers:

Doctor Visits Hospital Care Immunizations Substance Abuse Prescriptions Vision Services Dental Care Mental Health

And Much More!

For more information or an application, call: 1-800-324-8680 (a free call!)

TDD 1-800-292-3572

Monday - Friday Saturday - Sunday 7 am to 8 pm 12 pm to 5 pm



Your family's size and income determines if you and your family are eligible for Healthy Start or Healthy Families. Healthy Start & Healthy Families are Medicaid Programs administered by The Ohio Department of Job & Family Services.