

## Cedar Rapids Community School District Waiver Benefits

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. Please check any of the boxes if you would like to waive confidentiality to receive information on Scholarships or for the district to determine eligibility for a waiver of School Fees or Transportation Assistance.

**Important: Before checking these boxes, you may call your school or The Food and Nutrition Office (558-2305) for more information.**

**Waived School Fees**

means I would like to receive a school fee waiver for my child(ren). School personnel may release my child(ren)'s free and reduced price meal eligibility status to Cedar Rapids Community School District officials to determine eligibility for fee waivers.

**Scholarships**

means School personnel may release my child(ren)'s free and reduced price meal eligibility status to Cedar Rapids Community School District officials for consideration of scholarships and/or additional school and community educational opportunities or programs through organizations such as Coe College, Kirkwood Community College, YWCA, YMCA, and the Ambroz Center.

**Transportation Assistance**  
(if applicable)

means I will allow school officials to release my child(ren)'s free and reduced price meal eligibility status to determine eligibility for transportation assistance where it applies.

By signing this, I am waiving confidentiality of meal status for the above purposes.

\_\_\_\_\_ signature of parent or guardian

\_\_\_\_\_ date

Please list all children:

Child's Name: \_\_\_\_\_ School/Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Center: \_\_\_\_\_

**Return to the school office or the Food and Nutrition Office.**

## Information About Free or Low-Cost Health Care Coverage for Your Children

**Read this statement. Sign below IF you decide you do not want your name released to *hawk-i* or Medicaid.**

If your children do not have health insurance, you will be interested to know that many families getting free or reduced-price meals can also get free or low-cost health insurance for their children.

The law now requires us to share your free and reduced price meal eligibility information with Medicaid and *hawk-i* (State's medical insurance program for children). Specifically, we will give them your child's name and your name and address. Medicaid and *hawk-i* can only use the information to identify children who may be eligible for free or low cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose. You do not have to allow us to share information from your children's free and reduced-price meal application with Medicaid or the *hawk-i* program. However, if you do **NOT** want your information shared with Medicaid or *hawk-i*, you must tell us by completing the information below and returning this letter to the school district within 10 days of the date on the letter of notification of free meal benefits. It will not affect your children's eligibility for free and reduced price meals. If you want further information, you may call *hawk-i* at 1-800-257-8563.

**I DO NOT** want school/center Officials to share information from my free & reduced price meal application with Medicaid or *hawk-i*. Also, if you are already receiving Medicaid or *hawk-i*, please sign below. This will avoid another contact.

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signature of parent or guardian

printed name

date

Please list all children:

Child's Name: \_\_\_\_\_ School/Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Center: \_\_\_\_\_