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# Sharing Information with Other Programs

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Dear Parent/Guardian:

To save you time and effort, your results from your Free and Reduced Price School Meals Application may be shared with other school based programs for which your children may qualify. For the following programs, we must have your permission to share this information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Dual Enrollment Program, ACT, SAT, PSAT.
- Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Student Activities, Class Dues, and Vocational Shop Fees.
- Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Student Scholarship Awards.
- Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Community Service Organizations (Holiday Gift Baskets).
- No! Please do not share my information.

Please include all student names below. Your information will only be shared with the programs you checked.

Child's Name: \_\_\_\_\_ School: Old Colony R.V.T.H.S.

Child's Name: \_\_\_\_\_ School: Old Colony R.V.T.H.S.

Child's Name: \_\_\_\_\_ School: Old Colony R.V.T.H.S.

Child's Name: \_\_\_\_\_ School: Old Colony R.V.T.H.S.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call Crystal Andrade at (508) 763-8011 ext.114 or e-mail at [candrade@oldcolony.us](mailto:candrade@oldcolony.us)

Return this form to Old Colony R.V.T.H.S. with the applications or in response to a directly certified free or reduced meal letter.

Return completed form to Crystal Andrade, School Nutrition Director by: \_\_\_\_\_

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# Sharing Information with Medicaid/CHIP

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Dear Parent/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 (CHIP). 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 CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP 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 CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

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**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 form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: Old Colony R.V.T.H.S.

Child's Name: \_\_\_\_\_ School: Old Colony R.V.T.H.S.

Child's Name: \_\_\_\_\_ School: Old Colony R.V.T.H.S.

Child's Name: \_\_\_\_\_ School: Old Colony R.V.T.H.S.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, you may Crystal Andrade at (508) 763-8011 ext.114 or e-mail at candrade@oldcolony.us

Return this form to Old Colony R.V.T.H.S. with the applications or in response to a directly certified free or reduced meal letter.

Return completed form attn.:Crystal Andrade, School Nutrition Director by: \_\_\_\_\_