SHARING INFORMATION WITH MEDICAID/CHIP

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 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).

		ation from my Free and Reduced Price School Meals Application share Children's Health Insurance Program.	d
If you c listed b		elow to ensure that your information is NOT shared for the child(ren)	
Child's	Name:	School:	_
Child's	Name:	School:	_
Child's	Name:	School:	_
Child's	Name:	School:	_
Signatu	re of Parent/Guardian;	Date:	_
Printed	l Name:		_
			_
			_

For more information, you may call at Nicole Simone at 401-721-3316 or e-mail at simonen@lincolnps.org.

Return this form to: Lincoln Public Schools, Administration Offices, PO Box 367, Lincoln, RI 02865 by October 11, 2024.

Free and Reduced Price School Meals Application Sharing Information with Medicaid/CHIP Page 1 of 1 June 2024