

Oradell Public School District

Our children, our hope, our future

SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children receive free or reduced price school meals, they <u>may</u> also be able to receive 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 a child'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 child in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and return it to the school office. (Sending in this form will not change whether your children get free or reduced price meals).

	No, I DO NOT want information from my F Medicaid or the State Children's Health Ins	Free and Reduced Price School Meals Application shared with surance 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:
Signatu	re of Parent/Guardian:	Date:
Printed	Name:	
Addres	S:	

Return this form to your child's school <u>ONLY</u> if you do <u>NOT</u> wish your information to be shared with Medicaid or NJ FamilyCare.