

Application for Waiver of Confidentiality

Optional: You do not have to complete this page to get free or reduced price school meals.

Dear Parent/Guardian:

If your child(ren) qualifies for free and reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. Applications for a student fee waiver can be obtained from the school. Please check any of the boxes below if you would like to waive confidentiality to receive information for any of the benefits listed below.

Health Insurance Yes. I want information on health insurance for my child(ren). School personnel may release my child(ren)'s free and reduced price meal eligibility status to school health or community health personnel working directly with Medicaid and *hawk-i*. **This release of information is not an application to receive health insurance benefits.**

Example 1:

School Fees Yes. School officials may release my child(ren)'s free and reduced price meal eligibility status to Humboldt Community School District officials to determine eligibility for this program. This program provides School Fee Reduction/Waiver.

Example 2:

_____ Yes. School officials may release my child(ren)'s free and reduced (name of local program) price meal eligibility status and my name and address to _____
 (Name of Organization)

for informational purposes. The organization may send me information about their program.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for the above marked purposes only. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian _____
 Address _____
 Date _____
 Phone Number _____