

## SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

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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 NJ FamilyCare. 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 NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare 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 NJ FamilyCare, 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 (NJ FamilyCare)

**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: \_\_\_\_\_SSSSSS\_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_SSSSSS\_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_SSSSSS\_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_SSSSSS\_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_SSSSSS\_\_\_\_\_

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