

Waiver of Confidentiality

School Year 2023 - 2024

Optional:

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

Required:

You must complete and return this form to be eligible for other free or reduced priced services.

Dear Parent/Guardian:

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. Please read and complete the information below. **Check all appropriate boxes, complete requested information, and sign.** You may return this form to the district office, any school, or mail to Nutrition Services, 406 School St, Ankeny, IA 50023.

Waiver/Reduction of Textbook Fees:

This may provide for a waiver or reduction of **textbook fees** at my child(ren)'s school based on free/reduced price meal eligibility. Reduction of textbook fees will not occur for applications approved with an effective date after October 5, 2023 unless student is a new enrollee. If a waiver is applicable, it is only valid if completed and submitted within the eligible school year.

Waiver/Reduction of Other Fees:

This may provide for a waiver or reduction of fees for **transportation, driver's education, music equipment rental, and advanced placement exams** based on free/reduced price meal eligibility.

NOTE: Your Iowa Eligibility Notification must be provided for transportation or driver's education fees to be reduced/waived. This letter may also be printed from your online application at www.schoolcafe.com.

Hawki/Medicaid Information

Read this information. Check the box and sign below **if you decide you do not want** your name released to Hawki or Medicaid. If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free or reduced price meal eligibility information with Medicaid & Hawki, the State's medical insurance program for children. Specifically, we will give them your child's name, your name and address. Medicaid and Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. **If you do NOT want your information shared with Medicaid or Hawki, you must check the box, complete the information below, and sign.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will avoid another contact.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

I understand that I will be releasing information to building and district officials, that shows I have 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: _____ Date: _____

Printed Name _____ Phone Number: _____