## 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 inform	ation with Medicaid or CHIP, fill out the form below and send in.	
(Sending in this form will not change whe	her your children get free or reduced price meals).	
□ No! I DO NOT want information for	om my Free and Reduced Price School Meals Application shared with Me	adicaid
or the State Children's Health Insu	•	:uicaiu
If you checked no, fill out the form below	o ensure that your information is NOT shared for the child (ren) listed be	low:
Child's Name:	School:	
Signature of Parent/Guardian:	Date:	
Printed Name:		

For more information, you may call **Barry Sbordy** at **508-892-7036 or e-mail: sbordyb@lpsma.net**. Return this form to: **964 Main Street Leicester MA 01524** by **10/12/2023**.