

MCS D WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. 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). Your family's financial eligibility will be shared with these programs.

- ▶ Education Program (Registration, Book, Field Trips) ▶ Music Programs (Instruments, Shoes) ▶ Transportation (Bus) ▶ Sports Programs (Fees, Shoes, Physicals) ▶ Health (Exams, Dental)

I give up my rights to confidentiality for waiver of school fees ONLY.

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

Childs Name	School	Grade

Signature of Parent/guardian _____ Date _____

YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS

***hawk-i* /Medicaid Information Form: Read this information.**

Sign below and return this page to the school if you decide you do not want your name released to *hawk-i* 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 & *hawk-i*, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name and address. Medicaid and *hawk-i* can only use the information to identify children who may be eligible for free or low-cost health insurance & then to 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 hawk-i, you must tell us by completing the information below.*** If you want further information, you may call *hawk-i* at 1-800-257-8563. Also, if you are already receiving Medicaid or *hawk-i*, please sign below. This will avoid another contact.

I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or *hawk-i*.

Childs Name	School

Parent/Guardian Name (Printed) _____ Signature _____ Date _____

USDA Nondiscrimination Statement : In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
fax: (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

Iowa Nondiscrimination Statement:

"It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."