



Department of School Food & Nutrition Services
 Sarah Coughlin, MEd, RD, LDN, SNS, School Nutrition Director
 Braintree High School, 128 Town St, Braintree, MA 02184
 781-848-4000 x7045
sarah.coughlin@braintreeschools.org

Sharing Information with Medicaid/CHIP

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 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 information with Medicaid or CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

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.

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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may contact **Sarah Coughlin** at 781-848-4000 ext. 7045 or sarah.coughlin@braintreeschools.org.

Return this form to: **Sarah Coughlin, 128 Town Street, Braintree, MA 02184.**

Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify.

For the following programs, we must have your permission to share your information.

Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Braintree Public Schools Transportation Department (Bus Passes).**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Braintree High School Athletics Department.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Braintree High School Activity Fees (for example: Theater Guild) and/or School to Work Program.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Braintree Public Schools Full Day Kindergarten.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Braintree Public Schools Guidance Department for SAT and other fee waivers.**

If you checked yes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may contact **Sarah Coughlin** at **781-848-4000 ext. 7045** or **sarah.coughlin@braintreeschools.org**. Return this form to: **Sarah Coughlin, 128 Town Street, Braintree, MA 02184.**

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.