# Instructions for Request for Information, Does Your Child Need Healthcare Coverage and MO HealthNet Data Collection Form

MO HealthNet outreach (Missouri Senate Bill 583 – 2010) requires public and charter LEAs to provide the Request for Information with the meal application at the beginning of the school year. Non-public LEAs are encouraged to participate; however, not required. Residential Child Care Institutions (RCCIs) are excluded from this requirement. The form allows a parent or guardian to check a box indicating a YES or NO whether each child in the family has healthcare insurance. The form should be returned to the school district and if a NO is checked a Does Your Child Need Healthcare Coverage form must be provided to the family. The Request for Information forms returned to the LEA should be kept on file. The number of families indicating the absence of healthcare insurance and the number of applications provided to the family will be reported to Department of Elementary and Secondary Education (DESE), Food and Nutrition Services (FNS) on the MO HealthNet for Kids Data Collection form due November 30<sup>th</sup>. If information is updated after the initial due date submit a revised form.

#### Steps for implementation:

- 1. Provide the Request for Information (Attachment G1) to all students with the Free and Reduced Price School Meals Family Application (Attachment C). <u>Do not provide the Does Your Child Need Healthcare Coverage form</u> to all students with the Free and Reduced Price Meals Application.
- 2. If the Request for Information is returned and checked "NO", send the family the Does Your Child Need Healthcare Coverage form. (Attachment H).
- 3. Keep a record of how many Request for Information forms are returned and checked "NO" and how many families are sent the Does Your Child Need Healthcare Coverage form. Request for Information forms returned and checked "YES", will be kept on file along with the forms checked "NO".
- 4. Complete the MO HealthNet for Kids Data Collection form (Attachment I) and return to DESE, FNS, no later than November 30, 2014.

# **REQUEST FOR INFORMATION**

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

MO HealthNet (Medicaid) is considered healthcare insurance.  If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.  Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.  Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.  Printed name of parent/guardian:  Mailing Address:  City:  State:  Zip Code:	,	
MO HealthNet (Medicaid) is considered healthcare insurance.  If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.  Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.  Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.  Printed name of parent/guardian:  Mailing Address:	YES	
If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.  Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.  Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.  Printed name of parent/guardian:  Mailing Address:	□ NO	
Healthcare Coverage form for the family.  Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.  Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.  Printed name of parent/guardian:	MO HealthNet (Medicaid) is considered healthcare insurance.	
and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.  Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.  Printed name of parent/guardian:	·	
Application or return to your school/school district.  Printed name of parent/guardian:  Mailing Address:	and Reduced Price Meals Family Application will be reviewed regardless of your	·ee
Mailing Address:	,	
	Printed name of parent/guardian:	
City:          Zip Code:	Mailing Address:	
	City:          State:          Zip Code:	



## DOES YOUR CHILD NEED HEALTHCARE COVERAGE?

## MO HealthNet for Kids may be the answer

**MO HealthNet for Kids** provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines.)

### Who Is Eligible?

#### A child:

- who is under age 19;
- who applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration), and
- who is countable family income meets the income guidelines.

NOTE: The parent/caretaker must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support.

#### TYPES OF COVERAGE AVAILABLE:

#### MO HealthNet for Kids Non-SCHIP

- 196% FPL for children under age 1
- 148% FPL for ages 1-18

## MO HealthNet for Kids (SCHIP) Non-Premium

- family gross income over 148% FPL up to 150% FPL;
- must be uninsured

#### MO HealthNet for Kids (SCHIP) Premium

- family gross income over 150% FPL up to 300% FPL;
- they are uninsured for 6 months; effective: 7/1/14 uninsured for 3 months;
- children in families with gross income over 150% FPL without access to affordable health insurance (from \$74 to \$185 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to insure that no family pays more than 5% of their income for coverage.

# Apply on line at <a href="www.mydss.mo.gov">www.mydss.mo.gov</a> by choosing the "Apply for Health Benefits" option or request an application from 1-855-FSD-INFO.

(If applying online please email us at <a href="mailto:cole.mhnpolicy@dss.mo.gov">cole.mhnpolicy@dss.mo.gov</a> subject line "School" to let us know to watch for your application.)

# **INCOME GUIDELINES EFFECTIVE APRIL 1, 2014**

Children under age 1 at 196% of the federal poverty level:				
Family Size	Income Limit*			
1	\$1907			
2	\$2570			
3	\$3233			
4	\$3896			
5	\$4559			

Children ages 1-18 at 148% of the federal poverty level:			
Family Size	Income Limit*		
1	\$1440		
2	\$1941		
3	\$2441		
4	\$2942		
5	\$3443		

150% of the federal poverty level:			
Family Size	Income Limit*		
1	\$1459		
2	\$1967		
3	\$2474		
4	\$2982		
5	\$3489		

300% of the federal poverty level:			
Family Size	Income Limit*		
1	\$2918		
2	\$3933		
3	\$4948		
4	\$5963		
5	\$6978		

<sup>\*</sup>If appropriate the Federal Poverty level changes in April.