

CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION FOR OTHER PURPOSES

Return this form to the School Community Resource Specialist (SCRS) at Your Child's School

The North Kansas City School District works closely with a variety of organizations that supply needed resources to families. Many of these resources are only available to families in financial need. Your right to privacy is important to us and so we are asking your permission to provide specific information to State, County and Local agencies in order for your child to be eligible for extra support. Agencies working with the district will not share your information with any other agency, business or service provider.

You have the right to approve or decline information sharing to any or all agencies listed on page two.

- I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals and consent to the disclosure of that information for those purposes.
- I understand that I may revoke this consent at any time in writing.
- I understand that refusing to sign the consent statement will not affect eligibility or participation for the Child Nutrition programs and that the information will not be shared by Child Nutrition with any other agency or program.

Consent to Release Eligibility to Missouri HealthNet (Medicaid)

North Kansas City School District employees are allowed to release information to Missouri HealthNet (Medicaid) that shows that your child/children are eligible for free or reduced price meals, unless you tell us not to. **DO NOT CHECK THIS BOX IF YOU WANT US TO SHARE ELIGIBILITY INFORMATION WITH MISSOURI HealthNet.**

This information is not used to automatically qualify children for these benefits. Program officials will contact you prior to enrolling your child in any health care services from Clay County Health Department, Miles of Smiles, Samuel U Rodgers, Swope Services, Synergy Services, Tri-County Mental Health, and the Vision Van.

I DO NOT want my information shared with Missouri HealthNet (Medicaid).

(See the back page for other specific organizations)

Consent to Release Eligibility to Other Programs

Your child/children's eligibility is only shared with specific programs on a case-by-case basis, depending on the individual need of the child. Programs receiving this information will **not** share it with any other individuals or programs. **WITHOUT YOUR CONSENT YOUR CHILD MAY NOT QUALIFY FOR BENEFITS UNDER THESE PROGRAMS.**

Please check the programs below which you DO consent to share information with:

- All programs noted below**
- ACT for a fee waiver
- Adventure Club
- The Assistance League of Kansas City (Operation Child in Need; Operation School Bell)
- The Clay County Clothes Closet
- Community Education Services
- Harvesters Backsnack Program
- Head Start Program
- Higher education institutions for application and entrance fee waivers
- Hope Works Backpack Program
- The Housing Authority Section 8 Vouchers
- Instrumental Music
- KCP&L Low Income Home Energy Assistance Program
- Pre-K eligibility
- PSAT/SAT (college admissions test)
- The Salvation Army
- None of the programs above**

I hereby certify that I, am the parent/guardian of the student listed below, for whom the free or reduced price meals application was made and live in that student's household.

Student Name: _____ Date: _____

Student ID Number: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

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Complete one form for each child