

**Cedar Rapids Community School District
Waiver Benefits**

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. Please **check** any of the boxes if you would like to waive confidentiality for the district to determine eligibility for a waiver of School Fees or Transportation Assistance.

Important: If you have questions please call your child(ren)'s school or The Office of Food and Nutrition @ 319-558-2305.

Waived School Fees-This means I would like to receive a school fee waiver for my child(ren). School personnel may release my Child(ren)'s free and reduced price meal eligibility status to Cedar Rapids Community School District Officials to determine eligibility for: Consumable Materials, Driver's Education, AP Testing, Activity Pass, and Fine Arts.

Transportation Assistance – This means I will allow school officials to release my child(ren)'s free and Reduced price meal eligibility status to determine eligibility for school bus transportation assistance where it applies.

By signing this, I am waiving confidentiality of meal status for the above purposes.

_____ date

Signature of parent or guardian

Please list all children:

Child's Name: _____ School/Center: _____

Child's Name: _____ School/Center: _____

Child's Name: _____ School/Center: _____

Child's Name: _____ School/Center: _____

Information About Free or Low-Cost Health Care Coverage for Your Children

Read this statement. Sign below 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 and reduced price meals can also get free or low-cost health insurance for their children.

The law requires schools to share your free and reduced price meal eligibility information with Medicaid and *hawk-i*, the State's medical insurance program for children. Specifically, we will give them your child's name and 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 and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

Childcare organizations may share this information at their option.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the *hawk-i* program. It will not affect your children's eligibility for free and 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 at the time you complete this eligibility application. If you want further information, you may call *hawk-i* at 1-800-257-8563.

I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or *hawk-i*. Also, if you are already receiving Medicaid or *hawk-i*, please sign below. This will avoid another contact.

Signature of parent or guardian

Print Name

Date

Please list all children:

Child's Name: _____ School/Center: _____

Child's Name: _____ School/Center: _____

Child's Name: _____ School/Center: _____

Child's Name: _____ School/Center: _____

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Iowa Non-Discrimination Notice: It is the policy of the Iowa Department of Education, Bureau of Nutrition, Health and Transportation Services not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.7 and 216.9. If you have questions or grievances related to compliance with this policy by the Iowa Department of Education, Bureau of Nutrition, Health and Transportation Services, 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; web site: <https://icrc.iowa.gov/>.

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Return to the school office or the Food and Nutrition Office.