

PLYMOUTH COMMUNITY SCHOOL CORPORATION

WAIVER OF APPLICATION INFORMATION

Dear Parent/Guardian:

If you do not have health insurance for your child, check one of the boxes below to receive information about Hoosier Healthwise, free health insurance for children.

- I authorize the Corporation to provide any information from by free and reduced price school meal application to the Family and Social Services Administration (FSSA) for use by the Hoosier Healthwise program. These officials may use the information to help determine whether my child is eligible for Hoosier Healthwise. FSSA officials may contact me for more information.
- I authorize the Corporation to provide my name and address only to officials of Family and Social Services Administration (FSSA) so that they can send me information about free health insurance for my child through the Hoosier Healthwise Program.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the chil(ren) listed below for whom application is being made:

Signature of Parent/Guardian

Date

Address