

# Salem City School District

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Salem, New Jersey 08079  
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**Dr. Amiot Patrick Michel**  
*Superintendent*

**Deborah A. Piccirillo**  
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**Pamela Bates Thomas**  
*Director of Special Services*

## Letter to Households in Schools/Districts Participating in Community Eligibility Provision

Dear Parent or Guardian:

We are pleased to inform you that Salem City

school(s)/district will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for School Year 2015-2016.

All enrolled students of Salem City

school(s)/district implementing CEP are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2015-2016 school year. No further action is required of you. This letter is to inform you that your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

If you have any questions, please contact us at 856-935-3800 ext 4269

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## **SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE**

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Dear Parent/Guardian:

If your children get school meals at no cost, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. 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 NJ FamilyCare that your children are eligible for free meals, *unless you tell us not to.*** Medicaid and NJ FamilyCare 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. Being eligible for free school meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free meals).

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**No! I DO NOT** want my information shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

**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: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Return this form to your child's school, **ONLY** if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.