Minnesota Department of Education

Annual Requirement
to Notify Families about Minnesota Health Care Programs

This information applies to public school districts and charter schools.

Public school districts and charter schools are required by Minnesota Statues, section 256.962 to annually notify their families about Minnesota Health Care Programs that are available based on household income. Schools may choose to include this notification in their annual packet with the Application for Educational Benefits.

The Minnesota Department of Human Services (DHS) has provided the attached flyers (English and Spanish versions) that can be used to meet this requirement. The attached flyers may be distributed after the income guidelines go into effect in July 2014.

Before printing the flyer, refer to the directory of county and tribal agencies that is available on the DHS website. On your flyer, list the county and/or tribal agency(ies) that serve your attendance area. View – Minnesota Tribal and County Health Care Directory.

If you have any questions about this requirement, contact the Minnesota Department of Education – Food and Nutrition Service at 651-582-8526, 800-366-8922 (MN Toll-free), or e-mail mde.fns@state.mn.us.

Clear Form

Does your child have health insurance?

If not, help may be available.

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify.

Your child may qualify if your household income is below:

Family size	Monthly income	Yearly income
2	$3,604	$43,257
3	$4,535	$54,422
4	$5,465	$65,587
5	$6,396	$76,752

Income is one factor for qualifying. Other rules and limits apply. For more information, call your county office or visit www.dhs.state.mn.us/healthcare. The income limits above are valid until June 30, 2015.

To get a MNsure application for health coverage and help paying costs (DHS-6696):

- Print one from www.dhs.state.mn.us/healthcare
- Call 877-KIDS-NOW toll free
- Call

Minnesota Department of Human Services

Minnesota Department of Education

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI-0001 (3-13)

ADA1 (12-12)

This information is available in accessible formats for individuals with disabilities by calling 651-582-8200, toll-free 800-627-3529, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Clear Form

¿Tiene su hijo seguro de salud?

Si su respuesta es no, una ayuda podría estar disponible.

Minnesota Health Care Programs (Programas de Cuidado Médico de Minnesota) tiene seguro de salud disponible gratis y a bajos costos para niños y familias que califiquen.

Su hijo puede que califique si el ingreso de su hogar es menos de:

Tamaño de la familia	Ingreso mensual	Ingreso anual
2	$3,604	$43,257
3	$4,535	$54,422
4	$5,465	$65,587
5	$6,396	$76,752

El ingreso es uno de los factores para calificar. Otros reglamentos y límites aplican. Para más información llame a la oficina de su condado o visite al www.dhs.state.mn.us/healthcare. Los límites de ingreso mencionados arriba son válidos hasta el 30 de junio, 2015.

Para recibir una solicitud de MNsure para cobertura de salud y para ayuda con el pago de costos (DHS-6696):

- Imprima una de www.dhs.state.mn.us/healthcare
- Llame al teléfono gratis 877-KIDS-NOW
- Llame a:

Minnesota Department of **Human Services**

Minnesota Department of Education

Esta información está disponible en formatos accesibles para las personas discapacitadas. Para obtenerla, llame al 651-582-8200, llame gratis al 1-800-627-3529 o utilice su servicio preferido de retransmisión. Para obtener información adicional sobre derechos y protecciones para personas discapacitadas, comuníquese con el coordinador de la ley ADA (Ley sobre los Estadounidenses con Discapacidades) de la agencia.