

**Parent/Guardian/Adult Student Consent For Medicaid School Based Services Program**

Student Name:,	Date of Birth:	UIC:
IEP Meeting Date:		

The Medicaid School Based Services Program in provides partial reimbursement from Medicaid for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Case Management and Assistive Technology Services.

Information about your child's school based services (which could include date of birth, disability, gender, school, date of therapy, type of therapy, and progress reports) is required by the Medicaid and billing agencies to obtain this reimbursement.

If your child receives any of the above services and qualifies for Medicaid benefits at any time during the school year, we request your permission for and its local school districts to bill your child's Medicaid insurance to receive reimbursement.

You have the right to refuse consent to bill Medicaid, and you have the right to revoke this consent to bill Medicaid.

If you do not provide consent, the district will still provide the services but the district will not receive any Medicaid reimbursement for these services.

Your consent does NOT affect a family's Medicaid insurance benefits or other insurance plans (Blue Cross/Blue Shield, HAP, MiChild, etc.) and there is NO cost to the family, now or in the future.

I give permission for and its local school districts to bill my child's Medicaid insurance for reimbursement of School Based Services provided during the school year as described in my child's IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan).

- ☐ Consent obtained at meeting  
☐ Consent was not obtained at the meeting

Reason Consent Not Obtained at Meeting:

- ☐ The parent refused to give consent.  
☐ The parent was not in attendance at the IEP.

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Parent/Guardian/Adult Student Signature and Date