

# Medicaid Parent Consent Form

Your child's Individualized Education Program (IEP) includes one or more health related services, such as Social Work, Nursing, Speech, Occupational Therapy, Physical Therapy, etc. To comply with federal law, your student's funding district or its agent must obtain consent from parents of students requiring health related services to bill the state for reimbursement of these services. Your student's funding district or its agent will provide you with a copy of your child's IEP and any updates to the IEP so you are informed about the types and amounts of health related services provided to your child and for which state reimbursement may be obtained by your child's funding district or its agent.

I understand my consent is voluntary. I understand if I give consent, my child's funding district or its agent will bill the state for reimbursement of health related services provided to my child, including any health related services indicated on his/her IEP. I understand my consent will apply for any additional services which may be required in an updated IEP for my child. I also understand that these health related services will be provided **at no cost to me**, the parent/guardian.

I understand if I do not consent, my child's funding district or its agent will continue to provide the health related services to my child in accordance with the IEP at no cost to me, the parent/guardian.

I also understand I may revoke my consent at any time, and if I revoke consent, my child's funding district or its agent will continue to provide the necessary IEP health related services to my child at no cost to me, the parent/guardian.

*Please check the appropriate statement:*

I give consent for my child's funding district or its agent to bill the state for reimbursement of evaluation and health related services provided to my child, including services listed in the IEP.

I do not give consent for my child's funding district or its agent to bill the state for reimbursement of evaluation and health related services provided to my child, including services listed in the IEP.

Parent/Guardian Name: \_\_\_\_\_  
(printed)

Parent/Guardian Signature: \_\_\_\_\_