



*Innovation • Inspiration • Excellence for All*

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**Dr. Edwin M. Quezada**  
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**Dr. Andrea Coddett**  
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**Dr. Luis Rodriguez**  
Assistant Superintendent  
Special Education and  
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**Deborah Mason**  
Director  
Special Education Compliance

Dear Parent/Guardian:

Attached is a [request for your consent](#) to bill your child's Medicaid Insurance Program for his/her Special Education related services. These services are shown on your child's Individualized Education Program (IEP).

This consent allows the school district to bill and get reimbursement for specific health related services by releasing the required information to New York State solely for that purpose. Your child's Medicaid information has been given to us by New York State and at this time we require your consent to use it. Your consent signifies that you are aware of your rights and that we can access your child's Medicaid health insurance. **Please note that allowing us to access your child's Medicaid health insurance does not change or reduce any benefits you are currently seeking and/or receiving.** The New York State governed program entitled School Supportive Health Services Program (SSHSP) allows all school districts to recover a portion of the cost of specific related services.

I want to assure you that your information is maintained in a very confidential manner. If you have any questions about the consent or the process, please feel free to call Lucy Scopino at (914) 377-6128 or Raquel Lopez at (914) 376-8037.

[Please complete the attached form](#) and return it. Your help in this matter is greatly appreciated and thank you in advance for your cooperation.

Yours truly,

Deborah Mason  
Director  
Special Education Compliance