



*Innovation • Inspiration • Excellence for All*

## MEDICAID CONSENT

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**Dr. Edwin M. Quezada**  
Superintendent of Schools

**Dr. Andrea Coddett**  
Deputy Superintendent

**Dr. Luis Rodriguez**  
Assistant Superintendent  
Special Education and  
Pupil Support Services

**Deborah Mason**  
Director  
Special Education Compliance

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**CIN # (Medicaid ID#):** \_\_\_\_\_

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's Individualized Education Program (IEP). This consent allows the School District to bill for covered health-related services and to release information to the School District's Medicaid Billing Agent for that purpose.

I, \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_ have received a written notification from the School District that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District may access Medicaid to pay for special education and related services provided to my child.

I understand that: providing consent will not impact my child's/my Medicaid coverage; upon request, I may review copies of records disclosed pursuant to this authorization; services listed in my child's IEP must be provided at no cost to me whether or not I give my consent to bill Medicaid; I have the right to withdraw consent at any time; and the School District must give me annual written notification of my rights regarding this consent.

I also give my consent for the School District to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared:

- IEP
- Session Notes
- Other Personally Identifiable Information
- Written Order/Referral
- Medication Administration Report
- Any Other Specific Records Pertaining to the Student's Services or Program
- Evaluation Reports
- Special Transportation Log

**Please check one, sign and date on lines below:**

**YES**, I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide consent, all the required services in my child's IEP will be provided to my child at no cost to me.

**NO**, I do not give my consent at this time. I understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to not provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

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

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_