

One-time consent to access public benefits and release personally identifiable information to the Ohio Schools Medicaid Program

Madison Local Schools
1956 Red Bird Road
Madison, OH 44057

The federal special education law, the Individuals with Disabilities Education Improvement Act 2004 (IDEA), permits school districts to seek payment from public insurance programs for some services provided at school. Under the Family Education Rights and Privacy Act (FERPA), your consent is required for the school system to release information about your child to the Ohio Schools Medicaid Program in order to access your or your child's public benefits. You are entitled to a copy of any information the school system releases to the state Medicaid program. You may inquire about this program or revoke consent at any time by contacting Jen Catanese-Grimes at 440-428-9320. Your decision to allow the school district to release this information and access your or your child's public benefits will not affect your child's special education program. This consent is completed for each child receiving special education evaluations and/or services.

____ I give my consent for Madison Local Schools to access my or my child's Ohio Schools Medicaid benefits for services provided through my child's Individualized Education Program (IEP). My signature does not give consent to bill my private insurance company. The school district may release the following information to access these public benefits:

- My child's name and social security number
- My child's date of birth
- My child's IEP documentation including evaluations
- The dates and times services are provided to my child at school
- Reports of my child's progress, including therapists, notes, progress notes and report card

1.

____ I understand:

- My child will continue to receive IEP services at no cost to me
- Reimbursed services provided by Madison Local Schools will not count against visit or funding limits in the Medicaid Program in which my child is enrolled
- I can revoke my consent at any time and withdrawing my consent does not relieve the school district of its responsibility to ensure that all required services are provided at no cost to me

____ I do not give consent for this information to be released. I understand refusing to consent or revoking consent does not change the school district's responsibility to provide IEP services at no cost to my child.

Child's full name: _____

Parent's or Guardian's name (printed): _____

Parent's or Guardian's signature: _____

Date signed: _____