

Stonington Public Schools
Written Consent and Parent Permission
for Connecticut School-Based Child Health Program

Student Name: _____ **Date of Birth:** _____

Stonington Public Schools participates in the Connecticut Medicaid School-Based Child Health Program (SBCH).

This program allows school districts to receive state and federal funding for services that are provided to eligible students who receive special education related health services listed in their IEP or 504 plan and qualify for Medicaid (HUSKY) benefits.

- Examples of these services are: Occupational Therapy, Physical Therapy, Speech-Language, Hearing services, Psychological Services, Social Work, Nursing, and Individual Assessments/Evaluations as recommended by the Planning and Placement Team.
- If your child receives any of the above services and qualifies for Medicaid (HUSKY) benefits at any time during the school year, **we request your permission to release information to access school-based Medicaid reimbursement for the school district.**
- Information to the Medicaid agency may include student's name, date of birth, Medicaid ID and dates and services provided.
- Any reimbursement received from the Medicaid program does not affect or impact other benefits to which my child is entitled, including any eligible services outside of school. **There is NO cost to the family, now or in the future.**
- The school district will provide all services to my child whether or not I grant my written consent. My consent is voluntary and I have the right to withdraw this consent at any time.
- I understand and agree that the school district may access my child's public benefits or insurance information (ex: Medicaid/HUSKY) in order to seek reimbursement for services rendered as listed on the Individualized Education Program (IEP).

Signature of Parent/Guardian

Date

If you give consent, please return this form to your child's case manager as soon as possible.