

**One-time Consent to Access Public Benefits and Release Personally Identifiable Information
to the North Carolina Medicaid Program**

Onslow County Schools

PO Box 99 Jacksonville, NC 28541-0099

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 North Carolina Division of Medical Assistance 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 your consent at any time by contacting the EC Dept. at 910-455-2211 ext. 20224 . 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 form is completed for each child receiving special education evaluations and/or services.

Please mark appropriate statement(s), sign and date at the bottom:

I give my consent for Onslow County Schools to access my child's North Carolina 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 system 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 therapist notes, progress notes and report cards.

I understand:

- My child will continue to receive IEP services at no cost to me.
- Reimbursed services provided by Onslow County Schools will not count against visit or funding limits in Medicaid programs 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 my 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 me.

Child's full name: _____

School currently attending _____

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

Parent or guardian's signature: _____

Date signed: ____/____/____