MONROE TOWNSHIP SCHOOL DISTRICT

423 Buckelew Avenue
Monroe Township, NJ 08831

SEMI PARENTAL CONSENT FORM

(Special Education Medicaid Initiative)

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation,) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or insurance to pay for special education or related services under Part 300 (services under the IDEA).

I understand that billing for these services by the district **does not** impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Will SEMI claiming impact your family's Medicaid benefits? NO

The SEMI program **does not** impact on a family's Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family's Medicaid program. The SEMI program **does not** affect your family's Medicaid benefits in any way.

Child's Name: _____

Child's Date of Birth: _____/_____/_____

I give consent for SEMI: Yes _____

No _____

**This consent can be revoked at any time by contacting the Pupil Personnel Services Department at 609-642-6128.

_____ _____/_____/_____

Parent/Guardian's Signature: **Date:**

Please return form in 3 days to: Monroe Township School District
423 Buckelew Avenue, Monroe Township, NJ 08831
Attn: Marietta Ruela, Director of Pupil Personnel