

Student Name: _____ Date of IEP: _____ / _____ / _____

Date of Birth: _____ / _____ / _____ Student ID #/MO HealthNet DCN #: _____

**ONE-TIME CONSENT TO USE PUBLIC FUNDED PROGRAM BENEFITS
MEDICAID -- MO HEALTHNET**

Part B of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) allows school districts to use specific government funded public program benefits to assist with costs associated with special education services. Parent/guardian consent is sought and required for the District to share information with government agencies, and healthcare staff to determine, access and recover entitled program benefits from the student's or parent's government funded public program benefits or insurance (i.e., Medicaid – MO HealthNet). *Participation in Medicaid - MO HealthNet is not required for any student to receive free appropriate public education (FAPE) under IDEA.*

Any questions or concerns should be directed to:
Caryn McDonnell, Director of Special Services
Willard Public Schools
405 Farmer Road
Willard MO 65781
417-742-0930 phone
417-742-0841 fax
carynmcdonnell@willardschools.net



Please check one:

- My permission is given to determine, access and recover entitled government funded public program benefits from government funded public program benefits (i.e., Medicaid – MO HealthNet). Information to be released may include:
 - Student name, Date of Birth, MO HealthNet DCN #
 - Student referral and evaluation information and reports
 - Dates, times and type of direct IEP therapy service (s)
 - Student IEP goal (s); student progress, including notes and report cards
- My permission is *not* given to access and recover entitled government funded public program benefits (i.e., Medicaid – MO HealthNet).

I am the parent/guardian of this student. I understand consent is voluntary and may be revoked at any time. My signature here does not give the District permission to access private insurance benefits. Failure to consent will not result in denial or limitation of services for the student nor limit rights to a free appropriate public education (FAPE) under IDEA. A copy of this form is as effective as the original. *This document will be effective at the beginning of the school year it is signed and will remain in effect until otherwise modified or revoked by the parent/guardian.*

Type or print name of Parent/Guardian: _____

Original Signature of Parent/Guardian: _____

Date Signed: _____

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This *sample Exhibit B* document is available to Claim Care clients in Microsoft Word. Request CTU62015-1.

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