

Beacon Day Treatment Program
12601 McCann
Southgate, MI 48195
Phone: (313) 551-2790
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Jennifer Hill, **Principal**
Stacey Doctor, **Assistant Principal**

Consent for Medicaid School-Based Services

Student Name: _____ Birth Date: _____

School District: _____

The Medicaid School-Based Services Program in Michigan:

- Provides partial reimbursement to school districts for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work, Orientation and Mobility, Transportation, Nursing, Case Management and Assistive Technology Services.
- Does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.
- Helps school districts to offset some of the costs of health care provided to children.
- Is voluntary and requires a parent or guardian to provide written consent to release information about their child to the Michigan Medicaid agency and its affiliates to obtain reimbursement. This may include name, address, date of birth, student ID, Medicaid ID, disability, dates and services delivered.

If your child receives any of the services listed above and qualifies for Medicaid benefits at any time during the school year, we request your permission to release information to enable your school district to access School-Based Medicaid Reimbursement. You have the right to withdraw this consent at any time. If you do not provide consent, the district will still provide the services.

☐ I have received a copy of the Medicaid Annual Notification Regarding Parental Consent.

☐ I have received a copy of the Wayne RESA Medicaid School-Based Services brochure.

☐ I understand and agree that _____ Public Schools and Wayne RESA may access my child's public benefits or insurance information in order to seek reimbursement for services rendered as listed on the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

DATE: _____

Signature of Parent/Guardian: _____