

RE: Parent Letter to Access Medicaid

Dear Parents:

Your local school district makes every attempt to provide educational services which meet the special needs of the children we serve. As costs of education continue to rise and governmental support decreases, it is becoming more difficult to attain this standard of excellence. But you can help. With the signing of the interagency agreement between The Department of Human Services and Illinois State Board of Education, all schools in Illinois are now able to receive funds through the Medicaid program.

If your child is eligible for Medicaid, you can help us maintain our high-quality program for your child. Please supply your child's Medicaid number so that we can take advantage of this statewide program. All you have to do is fill in the Medicaid number that appears next to your child's name on your MediPlan card. The number always starts with "0" or "1". It has nine (9) numbers. The number may also start with "9".

I. Authorization for School District/Billing Agency to File Claims to Medicaid.

By my signature, I consent to the school district accessing Medicaid for payment of the cost of special education and related services.

- A. I understand this program is voluntary and will not occur without my written consent.
- B. My refusal to consent to use Medicaid will not result in denial of services for my child.
- C. I have the right to withdraw consent to the use of Medicaid at any time.

II. Authorization to Release Information

I hereby authorize the school district-billing agent to release information to Medicaid that is necessary for processing.

III. Assignment of Benefits

I hereby assign to the school district any benefits payable under my Medicaid plan which covers related services provided by the school district for my child.

Please complete the following:

Child's Name _____ Birth Date _____
Child's Medicaid number _____ Child's Sex _____
School _____ Date _____
Parent/Guardian signature: X _____

I, by my signature below, allow the school to contact my child's physician regarding his current IEP (Individualized Education Plan).

X _____
(Parent/Guardian Signature)

Parent/Guardian – Please sign both areas where marked X.