Special Education Medicaid Initiative (SEMI) Parental Consent Form

Atlantic City School District

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 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.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Date of Birth: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_

School ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

I give consent to bill for SEMI: Yes No

This consent can be revoked at any time by contacting the administrator at your child’s school.

Please return this form to: Administration Offices 1300 Atlantic Avenue 6th floor Atlantic City, NJ 08401 attn: SEMI Coordinator

Revised September 2013