

**Fairfield Public Schools Written
Consent and Parent Permission
Connecticut School-Based Child Health Program**

Student Name:

Date of Birth:

Fairfield Public Schools participates in the Connecticut Medicaid School-Based Child Health Program (SBCH).

This program allows school districts to receive state and federal funding for services that are provided to eligible students who receive special education related health services listed in their IEP or Section 504 plan and qualify for Medicaid (HUSKY) benefits.

- Examples of these services are: Occupational Therapy, Physical Therapy, Speech-Language, Hearing Services, Psychological Services, Social Work Services , Nursing, and Individual Assessments/Evaluations as recommended by the Planning and Placement Team.
- If your child receives any of the above services and qualifies for Medicaid (HUSKY) benefits at any time during the school year, **we request your permission to release information to access school-based Medicaid reimbursement for the school district.**
- Information to the Medicaid agency may include the student's name, date of birth, Medicaid ID and dates and services provided.
- Any reimbursement received from the Medicaid program does not affect or impact other benefits to which my child is entitled, including any eligible services outside of school. **There is NO cost to the family, now or in the future.**
- The school district will provide all IEP or Section 504 plan services to my child whether or not I provide my written consent for the school district to seek reimbursement for eligible services under the Medicaid School-Based Child Health Program.. My consent is voluntary and I have the right to withdraw this consent at any time.
- I understand and agree that the school district may access my child's public benefits or insurance information (ex: Medicaid/HUSKY) in order to seek reimbursement for services rendered as listed on the Individualized Education Program (IEP) or Section 504 plan.

Signature of Parent/Guardian

Date