

**STERLING HIGH SCHOOL DISTRICT  
YOUTH STUDY TEAM OFFICE  
501 S. Warwick Road  
Somerdale, NJ 08083  
Phone: (856)784-1840 / Fax: (856)783-3316**

August 2017

**Special Education Medicaid Initiative (SEMI) Parental Consent form**

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 public insurance to pay for special education or related services under Part 300 (services under the IDEA).

I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing. 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: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give consent to bill for SEMI: Yes  No

Please complete this form and return to SHS Youth Study Team Office by 9/6/17. If you have any questions, please don't hesitate to contact our office. Thank you.

Youth Study Team  
Rev. 6/8/16