

**Medicaid Consent for Treatment, Release of Information,  
and Reimbursement for Non-IEP Nursing Services**

By my signature below, I consent for Clarendon School District Three to:

- provide Non-IEP Nursing services to my child;
- release and exchange the following information from my child's record to the Department of Health and Human Services (Medicaid Agency) for the purpose of billing for the Non-IEP Nursing services provided to my child – information about the service provided, my child's name, date of birth, Medicaid or health insurance number, gender, and my contact information;
- bill the Medicaid Agency for the Non-IEP Nursing services; and
- receive payment from the Medicaid Agency for the Non-IEP Nursing services that the District provides to my child.

I understand that:

- Medicaid reimbursement for Non-IEP Nursing services provided by the District will not affect any other Medicaid services for which my child is eligible.
- The District will continue to provide required Non-IEP Nursing services for my child at no cost to me even if I refuse to allow billing for services.
- Granting consent is voluntary on my part and may be revoked at any time. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).
- The District will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child's treatment and provision of Non-IEP Nursing services.

Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Student's Medicaid # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

# STUDENT RESIDENCY STATEMENT (SRS)

(PLEASE PRINT)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Medicaid # \_\_\_\_\_

Please list all of YOUR preschool and school-aged children currently living with you:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Medicaid # \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Medicaid # \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Medicaid # \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Medicaid # \_\_\_\_\_

## Information provided on this form is confidential.

1. Do you live in any of these following situations? (check one)
  - A. \_\_\_\_\_ Sharing the housing of other persons due to: (check one)  
\_\_\_\_\_ Loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.)  
Explain: \_\_\_\_\_  
\_\_\_\_\_ Long-term, cooperative living arrangement to save money or a similar reason  
\_\_\_\_\_ Other (please specify): \_\_\_\_\_  
\_\_\_\_\_ In a motel, hotel, campground or similar setting due to: (check one)  
\_\_\_\_\_ Lack of alternative adequate accommodations, explain: \_\_\_\_\_  
\_\_\_\_\_ A convenient living arrangement or waiting for apartment or house to be ready  
\_\_\_\_\_ Other (please specify): \_\_\_\_\_
  - B. \_\_\_\_\_ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing or other shelter or agency
  - C. \_\_\_\_\_ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
  - D. \_\_\_\_\_ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
2. How long do you anticipate living at this location? \_\_\_\_\_  
Current Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. My student is in a Foster Home \_\_\_\_\_ or Group Home \_\_\_\_\_ What amount of foreseen time will this student/students will be in your custody? \_\_\_\_\_  
Please list any Agencies and Contact Persons involved in this placement: \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_ None of the above

\_\_\_\_\_  
Parent/Guardian/Unaccompanied Youth Signature

\_\_\_\_\_  
Date

## Home Language Survey

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**Please check the appropriate answer.**

1. What is the first language the student learned to speak?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

2. What language does the student most often speak?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

3. What language is most often spoken in the student's home?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Parent's Signature \_\_\_\_\_

### Encuesta del Lenguaje del Hogar

Nombre \_\_\_\_\_ Edad \_\_\_\_\_ Fecha \_\_\_\_\_

Escuela \_\_\_\_\_ Maestro \_\_\_\_\_ Grado \_\_\_\_\_

Por favor marque la respuesta apropiada.

1.Cuál es el primer idioma que el estudiante aprendió a hablar?

Inglés \_\_\_\_\_ Español \_\_\_\_\_ Otro \_\_\_\_\_

2. Qué idioma el estudiante habla con más frecuencia?

Inglés \_\_\_\_\_ Español \_\_\_\_\_ Otro \_\_\_\_\_

3. Qué idioma se habla con más frecuencia en el hogar del estudiante?

Inglés \_\_\_\_\_ Español \_\_\_\_\_ Otro \_\_\_\_\_

Firma de los Padres \_\_\_\_\_