

PURPOSE: This form is to obtain parent consent to access public benefits/insurance or private insurance in which his/her student participates, to provide or pay for services required under IDEA. The district may not require parents to sign up for or enroll in public benefits or insurance programs in order for their student to receive FAPE under Part B. Parents are not required to consent to the use of insurance benefits. If parents have questions regarding this request, they should call the school district's director of special education for an explanation as to why the request is being made.

PARENT CONSENT FOR USE OF PUBLIC OR PRIVATE INSURANCE BENEFITS

Student Jason Patterson Student # 49 Grade 1 Age 6 y 9 m Date 11/14/2008

To: _____ Re: Jason Patterson
Parent(s)/guardian(s)/adult student Student Name

We are asking for your consent to allow us to make use of your insurance benefits for the following service(s): *(specify service such as – Dr. 's appointment; evaluation; speech therapy; etc.)*

This means that you agree to file an insurance claim for the service(s) specified above. If you give your consent, the district will reimburse you for any out of pocket expenses that you may incur, including co-pays or deductibles. For reimbursement, you must provide the district with copies of any uncovered medical bills associated with the service(s) specified above within 60 days of receiving the bill.

The district may not ask you to use your insurance if it would decrease your child's available lifetime coverage or other benefit; result in you having to pay for services your child might need outside of the time your child is in school; increase premiums; or lead to discontinuation of these benefits or services.

If the district wishes to use your child's insurance or benefits for services that are not specified above, the school district must get your consent for any new procedure.

If you refuse to provide consent, this refusal does not relieve the school district of its obligation to provide required services to your child.

This consent is good for 365 days. If your child is no longer served by this school district, this consent does not transfer to a new district. You can revoke your consent at any time.

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to this activity; (2) you understand that granting consent is voluntary on your part and may be revoked by you at any time; and (3) if you revoke consent, the revocation is not retroactive; which means that it does not undo any activity that has already taken place.

- I give my consent to use my insurance benefits for the service(s) specified above.
- I do not give consent to use my insurance benefits for the service(s) specified above. I understand that my refusal does not affect my child's access to any services to which he/she is entitled.

parent/guardian signature:

Date: