

Cambridge Public Schools: **Required Student Forms**

**PARENTAL CONSENT TO ACCESS MEDICAID**

Dear Parent,

Cambridge Public Schools (CPS) provides many health related services to its students that may include Speech Therapy, Occupational Therapy, Physical Therapy or Counseling services. If your child receives one or more of these services through an Individualized Education Program (IEP) CPS may be eligible to receive funding from MassHealth (Medicaid) to cover the cost of some of the service(s).

In order for CPS to receive payment from MassHealth, we have to provide them with some basic information about your child. This will include the following:

- Student Name
- School ID number
- Date of Birth
- Address
- Type, and amount, of service provided under the IEP.

The information provided is used for this purpose only and remains confidential.

By checking -YES below you will help make more funding available to the school district and to your child's school for the current services that CPS provides.

**Please be advised that checking 'YES' or 'NO' will not affect your eligibility for MassHealth benefits or your child's receipt of health related services through CPS.**

If you have any further questions please contact the Office of Special Education at 617-349-6500.

Alternatively you may contact Public Consulting Group, our Medicaid billing support, at 1-888-455-6883.

Sincerely,

Dr. Jeffrey Young  
Superintendent of Schools

**Please check one and complete the other information noted below:**

\_\_\_\_\_ -YES I give permission for CPS to provide my child's information to MassHealth. I may cancel this permission at any time by contacting CPS in writing.

\_\_\_\_\_ -NO I do not give my permission for CPS to contact MassHealth with my child's information.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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