

BOONEVILLE SCHOOL DISTRICT

Dear Parents:

The Booneville School District is able to receive reimbursement funds from Medicaid for various screenings that are performed each year here at the school by the school nurses; as well as some special education services such as personal care and private duty nursing.

In order to receive these much needed reimbursement funds we need to know each student that currently has Medicaid and/or ARKids 1st in our school district. If your child has Medicaid and/or ARKids 1st, please fill out the information below (please use ONE FORM PER CHILD) and sign giving your consent to release the personal identifiable information for this billing purpose. The personal information will ONLY be shared with Medicaid and will be minimal, used only for eligibility purposes. If this does not apply to your child, simply fill out your child's name and place a check next to the statement which indicates your child is not covered by Medicaid.

If your child does not have ARKids, and you are interested in applying or receiving more information, please contact one of our school nurses, they will be happy to assist you in getting health insurance for your child.

Thank you for taking time to help our school district and our students!

+++++

Parental Consent For Release Of Personal Identifiable Information

Student Name: _____
(First Name) (Middle Name) (Last Name)

Is This Child Covered by Medicaid and/or ARKids 1st? ____ Yes
If YES, List Number: _____

____ I give permission to Booneville School District to release the necessary identifiable information in order to bill Medicaid for screenings/services received by my child.

____ This does not apply to my child as he/she is not covered by Medicaid.

Parent/Guardian Signature

Date