



## CONSENT FOR THE USE OF PUBLIC BENEFITS

El Program, \_\_\_\_\_ is requesting permission to bill Medicaid for early intervention evaluations and services for your child, \_\_\_\_\_.  
Your consent is required.

I give permission for my child's early intervention evaluations and services to be billed to Medicaid. I give permission to this El program to release and/or receive information from the Medicaid Agency. I know this information will be private and will be used to provide early intervention services. I understand that I may incur costs by participating in Medicaid; such as the required use of private insurance as the primary insurance. I have been fully informed of all information relevant to the use of Medicaid, and I understand and agree in writing to the release of any and all early intervention records including:

\_\_\_\_\_.

I also know my permission is voluntary and at any time can be withdrawn.

Parent's signature: \_\_\_\_\_

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

I do not give permission for my child's early intervention evaluations and services to be billed to Medicaid.

Parent's signature: \_\_\_\_\_

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