



# Template Medicaid Consent Form

A guide for CSE staff

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# Introduction

The NYC DOE relies on Medicaid reimbursement for some of the related services that are provided to students with IEPs. In order to receive these funds, the NYC DOE needs a consent form signed by student's parent or guardian that allows the NYC DOE to submit a reimbursement claim to Medicaid. We also need the student's Medicaid Client Identification Number (CIN).

# Medicaid Template Consent Form

The Medicaid Template Consent form and Form Upload Tool were developed for district staff to print, collect, and submit Medicaid consent forms for families who come to the office for IEP meetings. These forms can be printed and uploaded by any DOE staff member using a DOE work station.

# Employee Info Hub


The screenshot shows the NYC Department of Education Employee Info Hub website. The top navigation bar includes the NYC Department of Education logo, a search bar, and a 'Sign In' button. An orange arrow points to the search bar with the text 'Search for "Medicaid"'. Below the search bar, a dropdown menu is visible with the following items: 'Medicaid', 'Medicaid Compliance', 'Medicaid Forms', 'New York State Education Department Approved Non-Public Schools', and 'Mediation'. Another orange arrow points to the 'Sign In' button with the text 'Sign In'. The background of the website features a colorful hallway with yellow doors and blue walls.


Template forms can be accessed on the [Employee Info Hub](#). To find the page, search for "Medicaid" and select the first item in the list.

# Opening the form

Scroll to the section labeled “Medicaid Template Consent Form” and choose the form in the parent’s home language.

## Medicaid Template Consent Form

District staff may use this template form to create Medicaid Consent Forms for parents to sign during the IEP meeting. Signed forms should be scanned and uploaded using the [Consent Form Upload Tool](#) . You may be prompted to enter your DOE username and password to access the tool.


**Medicaid Template Fillable Consent Form**  available in:

English	Español	中文	বাংলা	Русский	اُردُو	عربي	한국어	Français
English	Spanish	Chinese	Bengali	Russian	Urdu	Arabic	Korean	French

# Enter Student Information

On the second page of the consent form, type in the student's first name, last name, birth date, and student ID. Print the form.

CONSENT TO RELEASE INFORMATION  
FOR MEDICAID REIMBURSEMENT



Student Last Name:  Student First Name:

Student Date of Birth  NYC Student ID:

If the student is enrolled in Medicaid, please share the Medicaid Client Identification Number (CIN). The Medicaid CIN starts with two alpha characters followed by five numbers and one final alpha character. If the student is not enrolled in Medicaid, this field may be left blank.

Medicaid Client Identification Number (CIN):

Please select one choice below, then sign and date the document.

<input type="checkbox"/> (Yes)	Yes, I understand and agree that the NYC DOE may access my child's special education records, which may include the Individualized Education Program (IEP), progress notes, attendance records, evaluations and other records and information about services and evaluations that may be provided to my child and release this personally identifiable information to State and Federal Medicaid agencies as necessary to claim Medicaid reimbursement. I agree that the NYC DOE may check my child's Medicaid eligibility and access my child's Medicaid
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# Ask parent to sign form

Have the parent sign the second page of the consent form.

If the child is enrolled in Medicaid, the parent should also enter the child's Medicaid Client Identification Number (CIN).

CONSENT TO RELEASE INFORMATION  
FOR MEDICAID REIMBURSEMENT



Student Last Name: Feliciano      Student First Name: Eddie

Student Date of Birth 06/24/2007      NYC Student ID: 

2	3	3	2	5	6	9	8	1
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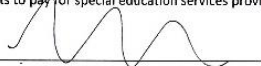
If the student is enrolled in Medicaid, please share the Medicaid Client Identification Number (CIN). The Medicaid CIN starts with two alpha characters followed by five numbers and one final alpha character. If the student is not enrolled in Medicaid, this field may be left blank.

Medicaid Client Identification Number (CIN): 

B	B	3	3	3	3	B
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Please select one choice below, then sign and date the document.

(Yes) Yes, I understand and agree that the NYC DOE may access my child's special education records, which may include the Individualized Education Program (IEP), progress notes, attendance records, evaluations and other records and information about services and evaluations that may be provided to my child and release this personally identifiable information to State and Federal Medicaid agencies as necessary to claim Medicaid reimbursement. I agree that the NYC DOE may check my child's Medicaid eligibility and access my child's Medicaid benefits to pay for special education services provided as per my child's IEP.

        
1- SIGNATURE OF PARENT OR GUARDIAN      1- DATE

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(No) No, I do not give permission for the NYC DOE to access my child's special education records to claim Medicaid reimbursement for special education services provided to my child.

\_\_\_\_\_  
2- SIGNATURE OF PARENT OR GUARDIAN      2- DATE

*Note: The parent can provide consent and leave the CIN field blank.*

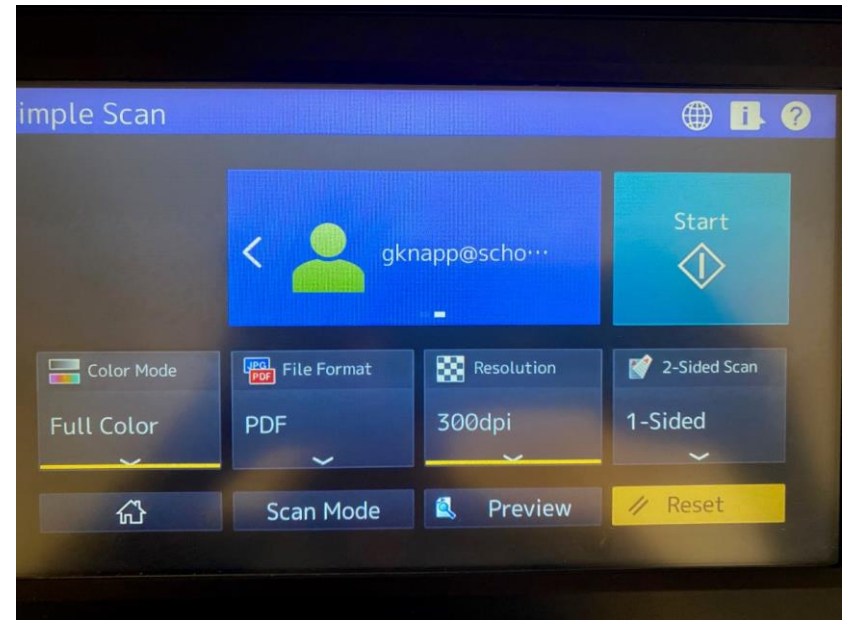
# Scan Form

Scan the signed page only,  
not the first page.

If possible, scan in color at  
minimum 300 dpi.

Save the scan on your  
computer with the student id  
in the file name.

For example:  
233256981\_MedConsent.pdf





# Open the Consent Form Upload Tool

[Consent Form Upload Tool Link](#)

# Upload the form

1. Enter Student ID, and choose student from drop down.
2. Enter date the parent signed the form as “Consent Date.”
3. Click “Select files” and choose the scanned form from your computer to attach.
4. Click Submit Form

The screenshot shows the NYC Department of Education InfoHub Medicaid Form Submission page. The page has a dark grey header with the NYC Department of Education logo and the text 'InfoHub Medicaid Form Submission'. Below the header, there is a instruction: 'Please fill out all required fields below and attach the completed, signed Medicaid consent form only. You do not need to attach the cover page, please scan only the signed form.'

**Student Information**

Student ID (OSIS #)	Consent Date	
<input type="text" value="233256981"/>	<input type="text" value="7/7/2021"/>	
First name	Last name	Date of Birth
<input type="text" value="EDDIE"/>	<input type="text" value="FELICIANO"/>	<input type="text" value="6/24/2007"/>

**Scanned Consent Form Attachment**

Single page PDF, TIFF or JPEG scanned image of consent form.

# Success Message



[Home](#) [Reset Form](#) [Infohub](#)

## Medicaid Form Submission

Thank you for your submission! You may now close this window.

You're all set!

Click “Reset form” to upload another form.

# Frequently Asked Parent Questions and Answers

# Can I change my mind after I have signed a consent form?

Yes. You can change your mind at any point. Contact your child's school or the district office and ask that they print a new Medicaid Consent Form for your child. You can fill that new form out and return it.

# My family is not Medicaid eligible—do I need to complete the form?

The DOE asks all families of students with IEPs to complete this form, regardless of their Medicaid eligibility status. If your child is not enrolled in Medicaid, please leave the field for Medicaid CIN number blank.

# Will signing the form impact my family's Medicaid benefits? Are there any costs to me or my family?

No. Signing will not impact a family's Medicaid benefits. There is no cost to you or your family. There are no expenses, premiums, costs or co-payments. If your family receives Medicaid benefits, your coverage will not be canceled, the lifetime coverage in place will not decrease and services that your family receives will not be affected in any way by the accessing of Medicaid benefits. You will not risk the loss of eligibility for home and community based waivers, if any, that are based on your total health-related expenditures.

# Will my child's IEP related services be impacted if I do not sign the form?

No. The consent form has no impact on service provision to your child. The DOE is obligated to provide the services on the IEP regardless of whether or not there is a signed Medicaid Consent Form. You will not be asked to sign up for or enroll in Medicaid for your child to receive the services on their IEP.



# FOR MORE INFORMATION

Office of Medicaid Operations

[medicaidops@schools.nyc.gov](mailto:medicaidops@schools.nyc.gov)

<https://www.schools.nyc.gov/about-us/funding/medicaid>