

RSU 54/MSAD 54

Jonathan D. Moody
Superintendent of Schools

Mark P. Hatch
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Support Services Manager

April 13, 2021

Dear Families:

It is with great pleasure that I welcome you to our district. We are excited to have your Kindergartener joining our schools. Registering your child to enter school is an exciting time and we want to make this transition as smooth and positive as possible. MSAD 54 is a strong district with a history of moving students forward in their learning while never losing sight of the fact that the best learning environments are both fun and challenging. Kindergarten is an important part of a child's development and I'm sure that the upcoming year will be an exciting one for your child and family. We are honored to be a part of this important transition to school.

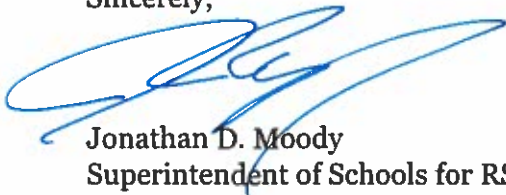
One of the first steps to a successful year is to build connections and relationships between the school and home. The packet of information and many forms that are included with this letter provide us with important information and allow us to get to know you and your child. As you work through the forms, don't hesitate to call the principal with any questions you may have.

Below are a few items to be aware of as you enroll your child:

- The State of Maine requires that families provide their child's birth certificate when you register for school. If a birth certificate is not immediately available, you have 60 days to provide one to your child's principal.
- All students attending schools must meet the minimum immunization standards required by the State of Maine. There is a document outlining these requirements in the packet. If you have questions, please contact your child's primary care physician.
- Please fill out the enclosed nutrition form. The number of qualified families in our district directly impacts the funding we receive from the federal and state government. We do not share any of your information so there's no reason not to fill out this form accurately. The more families that qualify allows us to keep our taxes down and to maximize the dollars spent in the classroom.

In advance, thank you for your cooperation. If you have any questions, please feel free to contact your child's principal. Enjoy the summer!

Sincerely,



Jonathan D. Moody
Superintendent of Schools for RSU 54/MSAD 54

RSU 54/MSAD 54 Kindergarten Screening/Registration Questions and Answers

Q: What is the age cut-off date?

A: Your child must be 5 years of age on or before October 15th, 2021

Q: What do I need to take with me for the screening?

A: You will need: YOUR CHILD, a certified copy of child's birth certificate, proof of residency, immunization records and any court documents pertaining to your child. Copies can be made of necessary documents at the screening.

Q: How will my child know what bus they take? And what time will the bus come to pick up my child?

A: You will receive a letter in the mail before school begins with information regarding your child's pick-up and drop-off information. Bus Numbers and times will be included in the letter. Also, information will be provided regarding a trial bus ride prior to the first day of school.

Q: What will happen during screening?

A: You and your child will come into the gymnasium on screening day. Your child will be asked to give his/her own name. Your child will receive a name tag to wear identifying them during the process. A photo for the bus drivers will be taken of your child. Then, your child will be escorted to activity stations. As each station is completed, your child will receive a sticker attached to their name tag indicating what stations have been completed. You will also be given a questionnaire about your child and your own checklist so that you can keep track of your own "activities." You will be asked to take part in an exit interview where you will hear what our staff has learned about your child.

Q: What do I do while my child is attending stations?

A: You will be very busy completing paperwork and answering questions regarding your child. You must bring along all forms that were mailed to you prior to your appointment. Please complete as much of these forms as you can prior to your appointment and all forms will be reviewed with the School Office Assistant at the registration desk. We will go over completed paperwork and making sure we have all the information we require. We will provide any form that has been forgotten and request any additional information as needed. All necessary copies will be made on that day.

Q: What does Kindergarten Screening mean?

A: We assess your child's ability to complete tasks at different activity stations. Your child's ability to perform tasks in each of these stations will allow our teachers to evaluate your child's learning and development style and level. We would then let you know, on that day during your exit interview, what your child should work on over the summer. This screening does not determine your child's eligibility to attend school.

Q: May I go through the entire process with my child?

A: No, we will be working with you during this time. And, it is necessary to observe your child as they work on their own with the teachers' direction completing each station activity. What appears as playtime is observed during the assessment. Part of the assessment is your child's ability to work with new people and other children.

Q: What if my child is scared?

A: We have done this many times and have seen many different personalities and anxiety levels in children. Rest assured that we will make sure your child is well cared for and comfortable so that they will be happy to return to school on opening day. We have a wonderful and caring staff!

Please feel free to reach out to the Superintendent's Office or your child's school should you have further questions or concerns.

Thank you and welcome to MSAD 54!

MSAD 54
PARENT/GUARDIAN--ECONOMIC STATUS FORM
(required for all students, please complete!)

Dear Parents/Guardians:

This form will provide information needed by the Maine Department of Education to determine MSAD 54/RSU 54 's eligibility status for State Economically Disadvantaged funds available under the Essential Programs & Services Funding Act. Data in this form is not for school lunch purposes, only to determine economic disadvantaged status*. If you have any questions, please call the office at 207-474-9508. This form should be returned with with your registration packet.

Note: MSAD 54 does not share any personal information from this form. We urge you to please fill this form out accurately. MSAD 54 and our local taxpayers benefit by accurately reporting this information as we receive subsidy from the federal government for each family that qualifies. Thank you!

Please use the table below as guidance to determine your student's economic status. If household income is less than the Annual or Monthly earnings for your household size in the chart below, then your student meets the economic disadvantaged status criteria. Household size includes adults and children.

Household Size	Economically Disadvantaged – Free Category Guidelines		Economically Disadvantaged – Reduced Category Guidelines	
	Annual Earnings	Monthly Earnings	Annual Earnings	Monthly Earnings
	Less Than	Less Than	Less Than	Less Than
2	\$22,646	\$1,888	\$32,227	\$2,686
3	\$28,548	\$2,379	\$40,626	\$3,386
4	\$34,450	\$2,871	\$49,025	\$4,086
5	\$40,352	\$3,663	\$57,424	\$4,786
6	\$46,254	\$3,855	\$65,823	\$5,486
7	\$52,156	\$4,347	\$74,222	\$6,186
8	\$58,058	\$4,839	\$82,621	\$6,886
For each additional family member add				
	\$5,902	\$492	\$8,399	\$700

Please list each child that attends school in MSAD 54 below and if they Qualify (Yes or No) as shown above. Thank you!

Student's Last Name	Student's First Name	Current Grade	Check One		
			Meets Free	Meets Reduced	Does Not Qualify

Please duplicate this form for additional children. Return this form to your child's school upon registering or by September 10th, 2021

Signature of Parent: _____ Date: _____

Printed Name of Parent: _____

* Economically disadvantaged status is defined as students who are included in the department's count of students who are eligible for free or reduced-price meals or free milk or both. [20-A MRSA §15672\(3\)](#).

RSU/MSAD 54 - APPLICATION FOR ENROLLMENT

Registration/Transfer Student:

The following information and certifications are required before a new or transfer student will be considered for admittance to RSU/MSAD 54 schools.

Student Information

Student's Name: _____ **Gender:** ___ **Birth Date:** _____
 Last First M.I.

Place of Birth: _____ **Arrival date in U.S. (if applicable):** _____
 City State

FOR OFFICE USE ONLY	
School: _____	YES NO
Teacher/HR: _____	YES NO
Grade: _____	YES NO
PS Student #: _____	YES NO
State #: _____	YES NO
Date Enrolled: _____	YES NO
Birth Certificate on File: _____	YES NO
Verified by: _____	YES NO
Immunization Records: _____	YES NO
Consent for MECare Access: _____	YES NO

Has this student been enrolled in a MSAD #54 school before? _____ **YES** _____ **NO**

Physical Address: _____ **Mailing Address:** _____
 City: _____ Zip: _____ City: _____ Zip: _____

Home Telephone: _____ **Language Spoken at Home:** _____

Ethnicity:
 Is this student Hispanic/Latino (choose one): YES _____ NO _____
 Is this student from one or more of the following races? (choose at least one):
 American Indian or Alaska Native YES _____ NO _____
 Asian YES _____ NO _____
 Black or African American YES _____ NO _____
 Native Hawaiian or Other Pacific Islander YES _____ NO _____
 White YES _____ NO _____

Parent/Guardian Information:

Father: _____ **Home Phone:** _____
 First Last Home Address Cell Phone: _____
Father's Occupation: _____ **Employer Name:** _____ **Work Phone:** _____
 Maiden Name: _____

Mother: _____ **Home Phone:** _____
 First Last Home Address Cell Phone: _____
Mother's Occupation: _____ **Employer Name:** _____ **Work Phone:** _____

Legal Guardian: _____ **Home Phone:** _____
 First Last Home Address Work Phone: _____
 Cell Phone: _____

Student Last Name:

Student First Name:

Step Parent:

First

Last

Home Address

Home Phone:

Work Phone:

Cell Phone:

Step Parent:

First

Last

Home Address

Home Phone:

Work Phone:

Cell Phone:

Please let us know if your child is a dependent of a member of the Active Duty Forces:

Military Connection Choices:

Active Duty | Full Time National Guard | Part-time National Guard or Reserve | Not Military Connected

Student lives with (check all that apply):

Yes No Father

Email Address:

Yes No Mother

Email Address:

Yes No Legal Guardian

Email Address:

Yes No Other (Name & Relationship):

Yes No If the student lives in the District with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.

Yes No If a custodial parent/guardian wishes the RSU/MSAD 54 schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.

Yes No If the student is an emancipated minor, a certified copy of the court order must be attached.

Yes No If the student is homeless, he/she should discuss his/her situation with the Principal or designee.

Yes No If the student lives in the District with a parent who has gained primary residency/custody status for the student through a court order or a divorce decree, a certified copy of the court order or divorce decree must be attached.

Please let us know if your child has access to a device and Internet for online work.

Connectivity Choices: Please complete for both homes if there is shared custody.

Home 1 Student has Internet access at home | Student has a laptop/tablet to work online at home

Home 2 Student has Internet access at home | Student has a laptop/tablet to work online at home

Please let us know if your child will attend school In-Person or Remotely and if bus transport is needed.

Type of Attendance Remote | In-Person

Need of Bus Transport Yes | No

Parent/Guardian Certification of Residency/Custody

I certify that I live with the student named above at the street address identified above. I understand that the RSU/MSAD 54 school district reserves the right to require proof of residency/custody, and that I have the burden of proof regarding residency/custody. If this residency/custody information changes, I agree to bring it to the immediate attention of RSU/MSAD 54.

Date: _____ Signature: _____

Printed Name: _____

Student Education/Disciplinary Records from Previous School

Name of school student is transferring from: _____ Student's current grade: _____

Address of school: _____ School Phone: _____

Reason for transfer: _____

Yes No Is the student currently subject to expulsion from the school from which he/she is transferring OR has the student withdrawn from the school before an expulsion hearing or suspension?

If the answer is 'Yes', please attach a written statement of the circumstances. If the student has been expelled, suspended, or withdrew from school before an expulsion hearing or suspension, the student will not be allowed to enroll in RSU/MSAD 54 schools until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions.

The applicant is hereby notified that RSU/MSAD 54, in accordance with 20-A M.S.R.A. 6000-1B, shall request all of the student's education and disciplinary records from the school he/she is transferring from. RSU/MSAD 54 may also request an oral or written report from the previous school as to whether the student has been expelled, suspended, or withdrew from school before an expulsion hearing or suspension.

If the applicant is allowed to enroll in RSU/MSAD 54 schools pending receipt of education and disciplinary records, such enrollment shall be considered conditional until the Superintendent has made a determination as to the student's disciplinary status in the previous school.

Immunization Records

Yes No Is your child covered by insurance? Insurance Company Name: _____
 Yes No Immunization records provided (signed statement from health provider specifying immunizations received, dates, and dosages). Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, measles, mumps, rubella and varicella (chicken pox). Implementation of the varicella immunization requirements follows 20-A M.R.S.A 6352-6359 and Chapter 126 of the Maine Department of Education Rules.

(Skip this section if immunization records are provided) Non Immunized students are not permitted to attend schools unless one of the following conditions is met (please check applicable box):

Student Last Name:

Student First Name:

- Yes No Parent/legal guardian provides a written statement that child will be immunized within 90 days of this application (**this option is only available once in the student's school years**); OR
- Yes No Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically inadvisable (**required each year**); OR
- Yes No Parent/legal guardian provides written statement seeking exemption from immunizations on the basis of religious, philosophical, or personal objection (**required each year**).

Special Education Services

Does your child have a Medicaid/MaineCare ID number? Yes No If yes, please provide here _____

If "YES", MSBS Consent for Release of Information form must be completed with all required information, signed and included at the time of application and verified here: _____

MSBS consent form signed/submitted: Yes No

Has your child: _____

Repeated a grade? Yes No If yes, which one? _____

Received Special Education Services Yes No If yes, which subjects? _____

Received Title I Help? Yes No If yes, which subjects? _____

Received Gifted & Talented Programming? Yes No If yes, which subjects? _____

Does your child have a 504 Plan? Yes No

Is your child receiving treatment in any of the following areas?

- | | | | | | |
|---------|---------------------------|--------------------------|----------------------|---------------------------|--------------------------|
| Medical | <input type="radio"/> Yes | <input type="radio"/> No | Physical Therapy | <input type="radio"/> Yes | <input type="radio"/> No |
| Hearing | <input type="radio"/> Yes | <input type="radio"/> No | Occupational Therapy | <input type="radio"/> Yes | <input type="radio"/> No |
| Vision | <input type="radio"/> Yes | <input type="radio"/> No | Behavior | <input type="radio"/> Yes | <input type="radio"/> No |
| Speech | <input type="radio"/> Yes | <input type="radio"/> No | Attendance Problems | <input type="radio"/> Yes | <input type="radio"/> No |

Comments:

RSU 54/MSAD 54 Emergency and Demographic Information

REVIEW ALL INFORMATION ** Make Additions or Corrections as Needed **

Student's Name: _____ Grade: _____ Advisor: _____
Last First M.I. Bus No. To: _____ Bus No. From: _____
Gender: _____ Birth Date: _____
Town of Residence: _____ Student lives with: _____
Mailing Address: _____ Physical Address: _____
City/State/Zip: _____ City/State/Zip: _____
First Phone #: _____ Home Email Address: _____
Student Cell Phone #: _____

Parent/Guardian Information: Where can parent(s)/guardian(s) be reached if NOT at home phone or at the address listed above:

Father (Last/First): _____ Employer: _____ Work Phone: _____
Home Address: _____ Home Phone: _____ Cell Phone: _____
Mother (Last/First): _____ Employer: _____ Work Phone: _____
Home Address: _____ Home Phone: _____ Cell Phone: _____

Alert Solutions/SwiftK12: You can now update your own preferences for Alert Notices. Please log into PowerSchool and on the left side you will see an icon for SwiftK12. Click on that icon to bring you to your alert settings. Please change the settings to receive alerts on the phone(s) and emails you currently use. Please be sure to inform the school of any changes in contact information.

If you do not have a Parent Login you will need to request access. Please call your school secretary for help with your Parent Login to access your account.

Please let us know if your child is a dependent of a member of the Active Duty Forces:

Military Connection Choices: Please Circle Active Duty | Full Time National Guard | Part-time National Guard or Reserve | Not Military Connected

Information for other responsible adult/guardian/stepparent living in the home (if applicable).

Name: _____ Relationship: _____ Work Phone: _____
Name: _____ Relationship: _____ Work Phone: _____

List below (using the table to the right) those adults who will assume temporary care if you cannot be reached i.e. neighbor, relative). INCLUDE CHILD CARE PROVIDER.

Emergency Contact #1 Name (last, first): _____ **Relationship:** _____
Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____
Emergency Contact #2 Name (last, first): _____ **Relationship:** _____
Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____
Emergency Contact #3 Name (last, first): _____ **Relationship:** _____
Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Relationship Choices

Aunt
Uncle
Sister
Brother
Friend
Neighbor
Grandmother
Grandfather
Stepfather
Stepmother
Child Care Provider
Legal Guardian
Other

Student Name:

Custody: Is there a court order that relates to the custody of your child? YES NO
If 'YES', please attach a copy for your child's file.

Please list brothers, sisters and all children living in the home (Attach another sheet of paper if additional space is needed.)

Name: _____ Age: School: _____
Name: _____ Age: School: _____
Name: _____ Age: School: _____
Name: _____ Age: School: _____

2nd Mailing Per Parental Request:

2nd Mailing Relationship: _____ 2nd Mailing Name: _____
2nd Mailing Street: _____ 2nd Mailing City/State/Zip: _____

MEDICAL INFORMATION

Doctor Name: _____ Address: _____
Doctor Phone: _____ City/State/Zip _____
Dentist Name: _____ Address: _____
Dentist Phone: _____ City/State/Zip _____

Allergies:

Special Medical Considerations:

*** In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. ***

By signing below, I also confirm I have reviewed and updated the information on this form, and I acknowledge that my child/the student and I have read and understand the expectations noted in the Student Handbook.

Signature of Parent/Legal Guardian: _____ **Date:** _____
Signature of Student: _____ **Date:** _____

Computer Access Permission: Please contact the school secretary for the AUP form.
SIGNED AUP MUST BE ON FILE BEFORE ACCESS TO THE INTERNET AND COMPUTERS IS PERMITTED

Student has Internet access at home: Yes No
Student has a laptop/tablet to work online with: Yes No

Student will need bus transportation: Yes No
Student will be working: Remotely || In-Person

**Regional School Unit 54
School Transportation Information**

Office Use Only

Home Room: _____

Enrollment date: _____

Teacher _____

Date: _____

Student Name: _____

DOB: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

School Attending _____

Grade _____

KINDERGARTEN/FIRST GRADE ONLY

There must be an adult visible when dropping off your child:

YES _____ **Adult present.**

NO _____ **Adult not present.**

NOTE: IF YOU ANSWER YES, AND NO ADULT IS VISIBLE, YOUR CHILD WILL BE RETURNED TO THEIR SCHOOL. YOU WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD.

(Parent's Signature)

Does not ride bus. Walker, or Parent will Transport.

If your child will ride the bus, please turn over and complete the other side.

SCHOOL BUS TRANSPORTATION

A.M. AND P.M. PICK UP WILL BE THE SAME. PLEASE INDICATE STOP INFORMATION

Home DAYS: **Weekly** OR **M T W T H F**
(Circle days for this drop if not weekly)

Alternate Stop DAYS: **Weekly** OR **M T W T H F**
(Ex. Daycare, Other parent’s household) *(Circle days for this drop if not weekly)*

Alt Stop Name _____ Alt. Stop Phone: _____

Alt Stop Address _____

**IF P.M. IS DIFFERENT FROM A.M.
PLEASE FILL IN THE P.M. INFORMATION BELOW**

Home DAYS: **Weekly** OR **M T W T H F**
(Circle days for this drop if not weekly)

Alternate Stop DAYS: **Weekly** OR **M T W T H F**
(Ex. Daycare, Other parent’s household) *(Circle days for this drop if not weekly)*

Alt Stop Name _____ Alt. Stop Phone: _____

Alt Stop Address _____

RSU 54/MSAD 54 IMMUNIZATION REQUIREMENTS

All students attending schools, grades K-12, must meet minimum immunization standards as required by state law or be covered by exemptions. Immunization dates must be presented at time of registration or parents/guardians must arrange to have this information faxed to the school prior to registration, marked "attention school nurse".

Canaan Elementary fax: 474-6385
Mill Stream Elementary fax: 634-4294
North Elementary fax: 474-8648

Minimum requirements as stipulated by Maine State Law:

5 doses DPT/DTaP	diphtheria, pertussis, tetanus
4 doses DPT/DTaP	(if fourth dose administered on or after 4 th birthday)
4 doses Polio	polio vaccine
3 doses Polio	(if third dose administered on or after 4 th birthday)
2 doses MMR	measles, mumps, rubella for all students
1 dose Varicella	or medical documentation of history of disease

If you have any questions or concerns, please contact Shannon Puccio, RN, School Nurse at 634-3121, Jennifer Bess, RN, School Nurse at 474-2907 or Tanya Dixon, RN, School Nurse at 474-3901.

R.S.U. #54
HEALTH QUESTIONNAIRE

Child's Name: _____ Birthdate: _____
Mailing address: _____ Phone: _____
Grade: _____ Family Physician: _____ Dentist: _____

Health History - Please comment if applicable:

Diabetes:

Allergies: (if so, what? Any medications or treatments?)

Asthma: (meds., treatment plans, peak flow meter?)

Orthopedic problems:

Physical limitations:

Heart condition:

Respiratory Disorders:

Seizures: (type, medications)

Surgery: (operations/type)

Is your child on any medications: (please specify)

Pregnancy with this child: _____ normal _____ problems (explain)

History: weight: _____ lbs. _____ oz.

Special Problems:

Hearing problems	_____ yes _____ no	Family History?
Ear infections	_____ yes _____ no	Last one _____ frequency
Vision problems	_____ yes _____ no	Family History?
Wears glasses	_____ yes _____ no	

Present Difficulties:

_____ Over active	_____ Thumb sucking
_____ Short attention span	_____ Nail biting
_____ Eye blinking	_____ Hurts self purposely
_____ Mood swings	_____ Unexplained tantrums
_____ Head banging	_____ Wets bed/pants
_____ Abused sexually or physically	_____ Soils bed/pants
_____ Gets sick often	_____ Sleeping problems
_____ Loss of close relative (explain)	_____ Dental problems

RSU 54/MSAD 54
RESIDENCY AFFIDAVIT

DATE: _____

STUDENT: _____

SCHOOL: _____ GRADE: _____

I, _____ declare that I am the parent or legal guardian of
_____ and I reside at the following address in the town of _____.
(student's name)

Legal Residence: _____
(physical address)

Verification of residency may be submitted by the following means:

- _____ Utility bill indicating legal residence (electricity, phone, oil, gas)
- _____ Lease Agreement or rent payment receipt indicating legal residence
and landlord's address and phone number
- _____ Driver's license, car registration or insurance card
- _____ Social Services papers (i.e. Social Security, TANF, Homeless Shelter
Verification)
- _____ Documentation of home ownership from the town office of Canaan,
Cornville, Mercer, Norridgewock, Skowhegan or Smithfield
- _____ Other _____ (requires Superintendent's approval)

I hereby certify that this information is true and correct. I authorize RSU 54/MSAD 54 to independently verify this information. Misinformation will result in RSU 54/MSAD 54 requesting the student attend school in the actual school system of residence.

Signature

Registrar: Please verify by placing your initials next to the appropriate line to verify residency.

Dear Parent/Guardian:

Maine welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset, and we encourage families to maintain their languages while learning English. Students who speak or understand another language may be entitled to support to improve their English in order to meet Maine's challenging academic standards. The following questions, required for all students from pre-kindergarten through grade 12, will help your school determine whether your child may benefit from English language support services.

- If a language other than English is indicated, your child will be administered an English language screener.
- Depending on your child's score, your child may be classified as an English Learner and eligible for English language support.
- If you would like this letter and the survey below to be provided in another language, or if you would like an interpreter, your school will fulfill those requests.
- If you have questions about this survey, please contact your school principal.

Be assured that your answers will be used only for educational purposes. The completed survey will be kept in your child's permanent file, and only school staff will have access to it. No school employee may inquire about the immigration status of any member of your family.

Thank you for providing this information, and I wish your student great academic success.

Sincerely,
April Perkins
Director of ESOL and Bilingual Programs, Maine Department of Education

LANGUAGE USE SURVEY

Student's Name: _____

Date of Birth: _____

School: _____

Anticipated Grade: _____

Please do not leave any question unanswered.

1. What language(s) did your child first speak or understand?

2. What language(s) does your child most easily speak or understand?

3. What language(s) do people use with your child daily?

Parent/Guardian Signature: _____

Date: _____

School Use Only

Post-enrollment Identification: If no language other than English is indicated by a parent/guardian on this survey, an English language screener may be administered **only** if this section is completed by a teacher.

Describe evidence that the student's English language development has been affected by a primary or home language other than English:

Teacher Signature: _____

Date: _____

PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT'S PERMANENT RECORD FOLDER

CONSENT FOR RELEASE OF INFORMATION TO ACCESS MAINECARE REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES

School Administrative Unit: **Maine School Administrative District No. 54**

Our School Administrative Unit continues to participate in a system whereby the Federal Government's Medicaid program reimburses local school districts for a portion of the costs of health related special education services provided to Medicaid eligible children. While your Medicaid eligible child will continue to receive services at no cost to you, the state Medicaid agency (MaineCare) reserves the right to access your private insurance to recover some of the cost of reimbursing these services. However, most insurers do not cover Individualized Education Program (IEP) related services. The information you voluntarily provide by completing this consent form will only be used for the purposes identified. Our district has contracted the services of MSB to confidentially administer our Medicaid Program.

Please fill in the information below, sign the form, and return it to the address indicated:

Parent / Guardian: _____
(Name of parent or person in parental relationship)

Student's Legal Name: _____

Student's Date of Birth: _____ (MM/DD/YYYY) _____

As parent/guardian of the child named above, I give permission to disclose personally identifiable information concerning health-related support services in my child's Individualized Education Plan(s) (IEP), as well as other personally identifiable information including test scores, evaluation results and any other relevant diagnostic information from my child's educational records to state and/or federal Medicaid administration representatives or their designees for the sole purpose of claiming Medicaid reimbursement for covered health related support services in my child's IEP(s). I understand and agree that the School Administrative Unit may access my or my child's Medicaid benefits to pay for health-related support services in my child's IEP(s). I also understand that if I refuse to consent to the release of this information, my refusal does not relieve the School Administrative Unit of its responsibility to provide the IEP ordered services at no cost to me for children 3-20 years of age [34 C.F.R. § 300.154 (2013)]. I further understand that this consent also allows MaineCare to bill any other insurance I have for my child as required by federal regulation. Finally, I understand that if my child has MaineCare through the Katie Beckett program, the cost of the services provided by the School Administrative Unit will count against his/her annual cap.

This permission is for any time my child is eligible and in the event that my child becomes eligible in the future for the sole purpose of the release of information relative to accessing MaineCare reimbursements for IEP services.

Signature: _____ Date: _____
(Parent or person in parental relationship)

If you have questions regarding this form please contact:

- **Renee Hovey/Erica Thompson, Special Services Directors**

Please return this form to:

- **Maine School Administrative District No. 54 Special Services Office**