

HAMILTON COUNTY PUBLIC HEALTH NURSING SERVICE

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PO Box 250, 139 White Birch Lane
Indian Lake, NY 12842

Certified Home Health Agency: (518)648-6141
After Hours: (518)548-3113 Sheriff's Office
Like us on Facebook: Hamilton County Public
Health Nursing Service

Preschool Special Education Program

School District: _____

Child's Name: _____

Child's Date of Birth: _____

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

_____ (Parent/Guardian) as parent/guardian of

_____ (Child's Name)

gives permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health related support services included in my child's Individualized Education Program (IEP).

Signature (Parent/Guardian): _____

Date: _____