

MEDICAID STATUS

2013

YOUTH: _____

GROUP HOME: _____

DATE OF PLACEMENT: _____

1. My child, _____, is currently receiving Medicaid benefits. The number is _____.
2. My child, _____, is receiving other insurance benefits through _____ . The policy number is _____.
3. I do not wish that my child, _____, receive medical benefits and will assume responsibility for any medical, dental, optical, or psychological services which may be incurred while my child is in placement. I understand that I will be informed as these services are recommended.

Parent/Guardian _____

Date _____