



**CONSENT TO USE MO HEALTHNET/MEDICAID**

NAME OF CHILD	DATE OF BIRTH	MEDICAID NUMBER	MEDICAID START DATE	DATE COMPLETED
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**INSTRUCTIONS**

Parent consent is required before personally identifiable information is released to MO HealthNet/ Medicaid in order to bill for First Steps services.

A copy of the **First Steps System of Payments Policy** is provided to the parent before consent is obtained to use Medicaid to help pay for First Steps services and before consent is obtained for First Steps services.

With parent consent, Medicaid will help pay for the following First Steps services:  
**Developmental Assessment of Young Children (DAYC), assistive technology devices, audiology, counseling, health, medical, nursing, occupational therapy, physical therapy, psychology, social work, speech/language pathology, and vision.**

The parent must sign and date this form and then return it to the Service Coordinator before Medicaid can be used to help pay for First Steps services. The Service Coordinator contact information is included below.

**CONSENT**

I confirm I have received a copy of the **First Steps System of Payments Policy**. After a review of the policy, I choose the following option:

- I give consent to use Medicaid                       I decline consent to use Medicaid
- NA, I do not have Medicaid

PARENT SIGNATURE	DATE OF PARENT SIGNATURE
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PRINTED NAME OF PARENT
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**SERVICE COORDINATOR**

SERVICE COORDINATOR NAME AND ADDRESS	SERVICE COORDINATOR PHONE NUMBER
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SIGNATURE OF AGENCY REPRESENTATIVE	DATE RECEIVED BY AGENCY
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