



**CONSENT TO USE MO HEALTHNET/MEDICAID**

NAME OF CHILD	DATE OF BIRTH	MEDICAID NUMBER	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 MO HealthNet/Medicaid to help pay for First Steps services.

With parent consent, MO HealthNet/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 return it to the Service Coordinator before MO HealthNet/ Medicaid can be used to help pay for First Steps services. The Service Coordinator contact information is included below.

**CONSENT**

After a review of the **First Steps System of Payments** policy, I choose the following option:

- I give consent to use Medicaid
- I decline consent to use Medicaid
- My child does not have Medicaid

PARENT SIGNATURE	DATE OF PARENT SIGNATURE
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PRINTED NAME OF PARENT

**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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A copy of the First Steps System of Payments policy is enclosed with this form.

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