

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**NORWOOD PUBLIC SCHOOLS  
SCHOOL HEALTH SERVICES**

**IMPORTANT INFORMATION ABOUT THE MASSACHUSETTS SCHOOL-BASED  
MEDICAID PROGRAM**

Dear Parent/Guardian,

As of July 1, 2019 school districts may bill Mass Health for health care services that students receive at school. Included services are vision, hearing, dental, postural, growth and SBIRT screenings, behavioral and mental health counseling, speech and direct nursing care of students with complex medical needs. This billing in no way affects your child's Mass Health coverage outside of school or any homecare services your child receives.

The School-Based Medicaid Program offers schools an opportunity to receive federal money to offset the costs for providing the above Medicaid-covered services in the school setting. The reimbursement is to the Town of Norwood and therefore will benefit both the Town and school finances.

Please take a moment, complete the form below and return it to your child's school nurse. Should you have questions, require additional information or translation of the parent consent form please don't hesitate to contact me.

Sincerely,  
Jill Driscoll, MEd, BSN, RN, NCSN  
Nurse Leader, Norwood Public Schools  
(781) 440-5843  
jdriscoll@norwood.k12.ma.us

\_\_\_\_\_ My child has Mass Health insurance and I have completed the attached/enclosed parent consent form

\_\_\_\_\_ My child has Mass Health insurance and I choose not to consent to the School-Based Medicaid Program

\_\_\_\_\_ My child has private health insurance

\_\_\_\_\_ My child has no health insurance and I will call my school nurse for help in obtaining Mass Health.