



**Shiawassee Regional Education Service District**  
**New Enrollment in Special Education Programs and Services**

**Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The above student has been identified as a student with an IEP. When a student enrolls in a new school district the district has an obligation to provide FAPE.

Special Education <b>Eligibility</b> Rule Number(s):	R 340. _____
	R 340. _____
Special Education <b>Program</b> Rule Number:	R 340. _____

Date of Last MET (send when available): \_\_\_\_\_

Related Service(s) to be provided: TC, S/L, SSW, PT, OT, Other \_\_\_\_\_  
(Please circle)

Special Education Staff Assigned: \_\_\_\_\_

Attending School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous placement/services verified by: \_\_\_\_\_  
(Name and Title)

Through the following means: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other relevant information:

Parents were provided Procedural Safeguards:

By Name: \_\_\_\_\_ Date: \_\_\_\_\_ Method: \_\_\_\_\_

**Notice for Provision of Programs and Services  
Due to New Enrollment**

- Notice of Enrollment Implementing Current IEP**
- Notice of Enrollment, Implementing IEP and holding new IEP in 30 School Days**  
 Out-of-state IEP (check if IEP is not a Michigan IEP)
- Notice of Enrollment, Implementing overdue IEP and holding new IEP in 30 School Days**  
 Out-of-state IEP (check if IEP is not a Michigan IEP)
- Other:** \_\_\_\_\_

The *Individuals with Disabilities Education Act* (IDEA) mandates that the district provide written notice to the parent when the district proposes to initiate or change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student; or when they refuse to initiate or change the educational placement of the student or the provision of a FAPE to the student.

You are receiving this notice for: (student name) \_\_\_\_\_ DOB \_\_\_\_\_

You are receiving this notice because the district is offering the provision of Free Appropriate Public Education (FAPE). The programs and services will begin on \_\_\_\_\_ and will be located at \_\_\_\_\_.

This notice and the student's IEP constitute the district's offer of a FAPE.

The IEP describes each evaluation procedure, assessment, record, or report used in this offer of a FAPE. In the course of the development of the IEP, other options (e.g., programs and services, supplementary aids and services) considered but not selected were:

Options and other factors Considered but Not Selected	Reason Not Selected

No other options were considered.

If the IEP team has determined that programs and services will be provided in a district other than the student's district of residence:

The resident district authorizes the operating district \_\_\_\_\_ to conduct subsequent IEP team meetings.

The resident district will conduct subsequent IEP team meetings.

The Procedural Safeguards Notice you received when the district requested your consent for the initial evaluation describes protections under the IDEA. The Procedural Safeguards Notice is also available at [http://www.michigan.gov/mde/0,4615,7-140-6598\\_36168-188305--,00.html](http://www.michigan.gov/mde/0,4615,7-140-6598_36168-188305--,00.html)

The following sources are available to assist you in understanding your rights: Student and Parent Support Organizations

This notice and the student's IEP constitute the district's offer of a FAPE.

Notice Delivered to Parent By: \_\_\_\_\_ Date: \_\_\_\_\_ Method: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Superintendent or Designee Date

**Student and Parent Support Organizations**

The Arc  
1905 W. M-21, Owosso, MI 48867  
(989) 723-7377  
[www.arcofshiawassee.org](http://www.arcofshiawassee.org)

Children's Special Health Care Services  
Shiawassee County Health Department  
110 East Mack Street, Corunna, MI 48817  
(989) 743-2355

Early Childhood  
114 W. North St., Ste. 2, Owosso, MI 48867  
(989) 725-2581 or (866) 725-7792  
[www.sresd.org](http://www.sresd.org)

Shiawassee County Dept of Human Services  
1720 E. Main Street, Owosso, MI 48867  
(989) 725-3200

Michigan Rehabilitation Services  
1025 N. Shiawassee Street  
Corunna, MI 48817  
(989) 743-3471 or (989) 725-1338  
[www.mi.gov/mrs](http://www.mi.gov/mrs)

Parent Advisory Committee for Special Education  
PAC Chairperson  
Contact through Shiawassee RESD  
(989) 743-3471

Shiawassee Area Transportation Agency (SATA)  
180 N. Delaney Rd, Owosso, MI 48867  
(989) 729-2687 or (877) 667-7100

Shiawassee County Community Mental Health Center  
1555 Industrial Ave.  
PO Box 428, Owosso, MI 48867  
(989) 723-6791 or (800) 622-4514  
[www.shiacmh.org](http://www.shiacmh.org)

Shiawassee Regional Education Service District  
1025 North Shiawassee Street  
Corunna, MI 48817  
(989) 743-3471 or (800) 743-3471  
[www.sresd.org](http://www.sresd.org)

Disability Network  
3600 South Dort Highway, Suite 54  
Flint, MI 48507  
(810) 742-1800  
[www.disnetwork.org](http://www.disnetwork.org)

Arc Michigan  
1325 South Washington Avenue  
Lansing, MI 48910  
(517) 487-5426 or (800) 292-7851  
[www.arcmi.org](http://www.arcmi.org)

Association for Children's Mental Health  
6017 W. St. Joseph Hwy., Suite #200  
Lansing, MI 48917  
(517) 372-4016 or (888) 226-4543  
[www.acmh-mi.org](http://www.acmh-mi.org)

Autism Society of Michigan  
2178 Commons Parkway  
Okemos, MI 48864  
(517) 882-2800 or (800) 223-6722  
[www.autism-mi.org](http://www.autism-mi.org)

Bureau of Services for Blind Persons  
201 North Washington (2<sup>nd</sup> Floor)  
PO Box 30652  
Lansing, Michigan 48909  
(517) 373-2062 or (800) 292-4200

Capital Area Center for Independent Living  
2812 N. Martin Luther Blvd.  
Lansing, MI 48906  
(517) 999-2760  
[www.cacil.org](http://www.cacil.org)

CHAAD (Children and Adults with Attention Deficit Disorder) [www.chadd.org](http://www.chadd.org)

Communication Access Center for Deaf & Hard of Hearing  
1505 W. Court St.  
Flint, MI 48503  
(810) 239-3112  
<http://www.cacdhh.org/>

Developmental Disabilities Council  
201 Townsend St. Suite 120  
Lansing, MI 48913  
(517) 335-3158  
[www.mi.gov](http://www.mi.gov)

Dispute Resolution Service Center  
516 S. Creyts Road, Suite A  
Lansing, MI 48917  
(517) 485-2274  
<http://www.resolutionsservicescenter.org/>

Down Syndrome Association of West Michigan  
233 Fulton St. E  
Grand Rapids, MI 49588  
(616) 956-3488 or (866) 665-7451  
[www.dsawm.org](http://www.dsawm.org)

Easter Seals Michigan  
2399 E. Walton Blvd.  
Auburn Hills, MI 48326  
Phone: (248) 475-6400  
[www.essmichigan.org](http://www.essmichigan.org)

Epilepsy Foundation of Michigan  
25200 Telegraph Road #110  
Southfield, MI 48033  
(248) 351-7979 or (800) 377-6226  
[www.epilepsymichigan.org](http://www.epilepsymichigan.org)

Learning Disabilities Association of Michigan  
1026 N. Washington Ave. 2<sup>nd</sup> Floor  
Lansing, MI 48906  
(517) 319-0370  
[www.ldaofmichigan.org](http://www.ldaofmichigan.org)

Michigan Assistive Technology Resource  
1037 S. US Highway 27  
St. Johns, MI 48879  
(517) 908-3930  
<http://Mits.cenmi.org>

Michigan Coalition for Deaf and Hard of Hearing  
PO Box 16234  
Lansing, MI 48901-6234  
(586) 932-6090  
[www.michdhh.org](http://www.michdhh.org)

Michigan Diabetes Outreach Network  
(517) 335-8853  
[www.mi.gov](http://www.mi.gov)

Michigan Protection and Advocacy Service  
Lansing, MI 48911  
800-288-5923  
[www.mpas.org](http://www.mpas.org)

Michigan Special Education Mediation Program  
229 N. Pine Street, Lansing, MI 48933  
Phone: (517) 485-2274  
Toll Free: 1-800-8RESOLVE  
Fax: (517) 485-1183  
Email: [msemp@tds.net](mailto:msemp@tds.net)  
<http://msemp.cenmi.org/>

<b>MEDICAID: Notification AND Consent</b>	
<b>Student:</b>	<b>Grade:</b>
<b>School District:</b>	<b>DOB:</b>

**NOTIFICATION OF PARENT/GUARDIAN RIGHTS AND PROTECTIONS**

The above school district currently provides necessary school-based health services to your child at no cost to you, the parent/guardian. The School District is participating in Michigan Department of Health and Human Services program through which Federal Medicaid funds are made available to school districts in the State to help cover the costs of providing necessary school-based health services to students. By participating in this program, the School District is allowed to seek Federal Medicaid funds to help cover the costs of the health services the School District provides to your child. In order to seek the Federal funds, the School District must disclose information from your child's education records to Michigan Department of Health and Human Services. This may include personally identifiable information (ex. Name, Date of Birth) as well as records or information about the services that may be provided to your child.

To ensure that your child has access to a free appropriate public education, as required by Federal law, the School District must

- obtain your written consent prior to disclosing your child's health information to Michigan Department of Health and Human Services,
- may not require you to sign up for or enroll in any public benefits or insurance programs,
- may not require you to pay any out-of-pocket expenses such as a deductible or co-payment for the costs of the health services the School District provides to your child, and
- may not use your child's Medicaid or other public benefits if that use would
  - decrease available lifetime coverage or any other insured benefit,
  - result in you or your family paying for services that would otherwise be covered by Medicaid or other public insurance program and that are required for your child outside of the time that your child is in school,
  - increase your insurance premiums or lead to the discontinuation of any public benefits or insurance, or
  - risk the loss of your eligibility for home and community-based waivers, based on aggregate health-related costs.

Whether or not you give your consent or if you withdraw your consent for the school district to disclose your child's health service information to Michigan Department of Health and Human Services in order to seek Federal Funds to help the School District to cover the cost of your child's health services, the School District will continue to provide services to your child at no cost to you, the parent/guardian.

<b>NOTICE DELIVERED</b>	
<b>Who delivered:</b>	<b>Date:</b>
<b>Method of delivery:</b>	

MEDICAID: Consent	
<b>Student:</b>	<b>Grade:</b>
<b>School District:</b>	<b>DOB:</b>

**PARENT/GUARDIAN CONSENT TO DISCLOSE STUDENT INFORMATION**  
**TO**  
**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Effective 7/1/2014

Please review the statements below and select your option by checking the appropriate box.

- Yes.** As the parent/guardian of the student named above, I give my consent to the School District to disclose information from my child's education records to Michigan Department of Health and Human Services as necessary to allow the School District to seek Medicaid funds to help cover the costs of the school-based health services School District provided to my child.

I understand that my consent will remain in effect until I withdraw it, and that I may withdraw my consent at any time by notifying the School District. If I withdraw my consent, the School District will continue to provide necessary school-based health services to my child at no cost to me, the parent/guardian.

- No.** As the parent/guardian of the student name above, I *do not* give my consent to the School District to disclose information from my child's education records to Michigan Department of Health and Human Services.

I understand that if I do not give my consent, the School District will continue to provide necessary school-based health services to my child at no cost to me, the parent/guardian.

Name: \_\_\_\_\_  
(Name of parent/guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent /guardian) (Month-day-year)

NOTICE DELIVERED	
<b>Who delivered:</b>	<b>Date:</b>
<b>Method of delivery:</b>	<b>District:</b>