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**Tiffin Campus**

928 W. Market Street - Suite A  
Tiffin, Ohio 44883  
419-447-2927  
419-447-2825 Fax

**Mansfield Campus**

State Support Team Region 7  
1495 West Lonview Ave. - Suite 200  
Mansfield, Ohio 44906  
419-747-4808

**Marion Campus**

333 East Center Street  
Marion, Ohio 43302  
740-387-6625  
740-383-4804 Fax

Dear Parents,

This letter comes as an opportunity for you to assist the school district in obtaining available federal dollars for special education services.

Your child's school district is participating in the Ohio Medicaid School Program (MSP) where the federal government's Medicaid will pay state and local school districts for a portion of the costs of health-related special education services provided to Medicaid eligible children.

The reimbursement from Medicaid is to be used specifically on special education related expenditures, thus adding to the amount of money schools will have to spend on services for special education students.

Your child will continue to receive services at no cost to you under this new program.

Upon receipt of your signed consent, your child's district will be able to maximize federal funds in support of local education.

If you have any questions or concerns before completing the Parent/Guardian Consent form, be sure to contact the district's Medicaid Coordinator, Susan Bollin from Weswurd, LLC, at (419) 346-9651. Then once the form is completed, please return to Susan Bollin using one of the following methods: mail to Weswurd, P.O. Box 105, Holland, OH 43528; email or scan to Susan Bollin at [weswurd@sev.org](mailto:weswurd@sev.org).

We sincerely appreciate your participation.

Enclosure:

Parent/Guardian Consent to share information with Medicaid