

# Frankfort

## COMMUNITY CONSOLIDATED SCHOOL DISTRICT 157-C



### ADMINISTRATIVE OFFICE

10482 W. Nebraska Street  
Frankfort, Illinois 60423-2235  
(815) 469-5922  
Fax (815) 469-8988

### GRAND PRAIRIE ELEMENTARY SCHOOL

10480 W. Nebraska Street  
Frankfort, Illinois 60423-2235  
(815) 469-3366  
Fax (815) 464-2899

### CHELSEA INTERMEDIATE SCHOOL

22265 South 80th Avenue  
Frankfort, Illinois 60423-9786  
(815) 469-2309  
Fax (815) 464-2043

### HICKORY CREEK MIDDLE SCHOOL

22150 116th Avenue  
Frankfort, Illinois 60423-9064  
(815) 469-4474  
Fax (815) 469-7930

### ANNUAL NOTIFICATION OF PARENT/GUARDIAN RIGHTS AND PROTECTIONS

Frankfort School District 157C (the "School District") currently provides necessary school-based IEP services to your child at no cost to you, the parent/guardian. The School District is participating in the Illinois Department of Healthcare and Family Service's (HFS) 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 IEP 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 which may include your child's name, birth date, and Medicaid number to the Illinois Department of Healthcare and Family Services (HFS) regarding the IEP services the School District provided to your child.

As required by Federal law, the School District must:

- obtain your written consent prior to disclosing your child's health information to the Illinois Department of Healthcare and Family Services (HFS),
- 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 insurance 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.

You may withdraw your consent at any time. Whether or not you give your consent or if you withdraw your consent for the school district to disclose your child's IEP service information to the Illinois Department of Healthcare and Family Services (HFS) in order to seek Federal Funds to help the School District to cover the cost of your child's IEP services, **the School District will continue to provide services to your child at no cost to you, the parent/guardian.**