

Dear families:

Attached you will find the two forms necessary to get your child started with telehealth therapy visits. All blanks must be filled in for form completion. Instructions are as follows:

BCW-Medicaid Consent

Name: Your Child's name

Date of Birth: Your child's date of birth

GA Med ID#: If your child is enrolled with Georgia Medicaid or a Care Maintenance Organization, your child will have a 12-digit number, usually beginning with "222" unless your child is older than age three. If your child does not have Georgia Medicaid number, please place "N/A" in this box. If your child is enrolled in Georgia Medicaid, we will need a form signed for each type of therapy.

Purpose: This means whatever type of therapy your child is receiving (physical, occupational or speech therapy).

Signature: please digitally sign here **Date:** Please date and include time document was signed.

Please indicate your relationship to the child.

Witness signature: please write "allow AAK to witness" and we will sign once the form is completed. Do not date the line associated with witness signature.

Informed Consent for the use of Virtual Therapy Services

Name of Child: please put the name of your child

Child ID: First three letters of child's last name followed by first three letters of first name. If you have multiple children for whom this combination would be the same, please add a number 2 or 3 after the name. For instance, John Smith = SmiJoh. Brother Johannes would be SmiJoh2.

Therapy Service Type: If your child is receiving an evaluation only, please note "yes" in the "evaluation and assessment". If your child is having an evaluation and future therapy visits, please write "yes" in both boxes. If your child has already been receiving therapy, please write "no" for evaluation and "yes" for ongoing treatment. Please write "yes" or "no" in the IFSP box depending on whether or not your child is enrolled with Babies Can't Wait.

Therapy Discipline: Please write "yes" or "no" next to the service your child is receiving. All boxes must be filled in.

Signature: please digitally sign the document and fill in the date and time boxes.

Witness: Please specify "allow AAK to witness" and we will sign the form upon return to our office.

Signature of therapist: Your therapist will sign the form after we receive it back in our office.