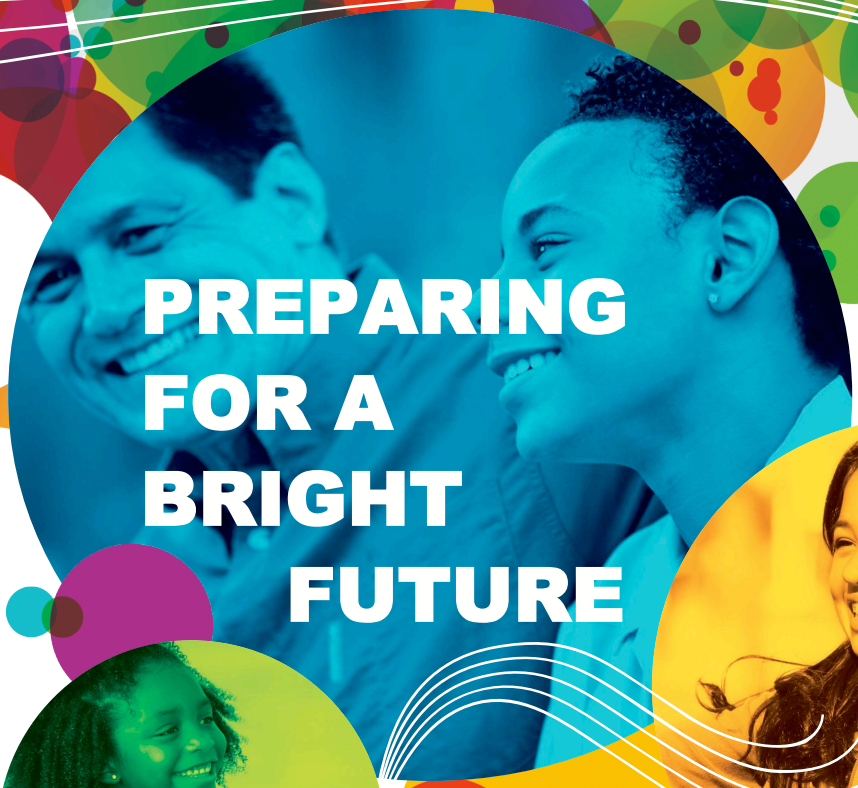

PREPARING FOR A BRIGHT FUTURE

CHARACTER AND LEADERSHIP DEVELOPMENT
EDUCATION AND CAREER DEVELOPMENT
HEALTH AND LIFE SKILLS
ARTS AND CULTURE EXPERIENCE
Field Trips
Pizza Parties

Get involved!

The Transitional Coach School Grant Access Center Program provides an in-class and school-based blended behavioral and motivational support system designed to promote student success.

TRANSITIONAL COACH PROGRAM
DESIGNING SUCCESS

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DESIGNING SUCCESS

PROGRAM REGISTRATION FORM

Child's Last Name: _____First Name: _____ Middle Initial: ___

Date of Birth: _____/_____/_____

Child's School Name: _____ Child's Grade Level: ___

Child's Home Street Address: _____

City: _____ State: _____ ZIP Code: _____

Child's Gender at Birth: □Male □Female

Guardian's Last Name: _____ First Name: _____

Phone Number: _____-_____-_____

Guardian's Email Address: _____ Child's Primary Care Doctor: _____

A. Does your child have a Medicaid Plan? Yes □ No □ Medicaid ID #: _____

Health Plan Name: _____

B. Does your child have a Private Health Plan? Yes □ No □ ID #: _____

Health Plan Name: _____

Legal Guardian Signature: _____Date: _____/_____/_____

I consent to my child's participation in the Transitional Coach Program (Program). I understand the Program is a state and federally supported behavioral wellness school-based initiative. I understand the Program is not a department, committee, authority, board, or business entity of the school district. I consent to the Program's access to my child's student record during the time of my child's Program participation. I understand that the Medicaid program and other health insurance companies (subsidizing agencies) may subsidize my child's participation in the Program. In addition, I agree to allow the program to request reimbursement for my child's participation from subsidizing agencies. I understand that I may access the Program's Patient Bill of Rights at: https://www.aapsonline.org/patients/billrts.htm or request a copy from the Program's Transitional Coach. I consent to the Program supplementing any behavioral wellness services currently received by my child. I understand any behavioral wellness program could cause emotional or physical responses. I agree to indemnify, defend, and hold harmless the Program, its agents, the local public school board, officers, vendors, partners, and employees from and against all liabilities, claims, losses, lawsuits, judgments, and/or expenses including, but not limited to, attorney fees arising either directly or indirectly out of the participation in the Program.

Confidentiality Notice: Anything you or your child informs us of will not be shared unless required by law. Information about your child may be discussed with other school personnel involved in your child's academic or behavioral success. Information regarding your child's participation with non-program professionals will not be shared or released with anyone without your written permission in the form of a formal letter and signed. Federal law and regulations do not protect any information about a crime you commit. Federal law and regulations do not protect any information about suspected child abuse or neglect, and we must report it to appropriate state or local authorities. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Please contact the Program's Transitional Coach located at your child's home school with any questions.