

**FUNDING FOR EDUCATION AND TREATMENT SERVICES**

**(Release)**

I hereby authorize The Clear View School Day Treatment Center and The Association for Mentally Ill Children of Westchester, Inc. (AMIC), to obtain funding for any and all special education and or treatment services provided for my child and family from all sources allowed by Federal or New York State Law and Regulation. I further consent to the release of any and all information required to obtain such finding.

This release includes, but is not limited to information and billing:

- To receive tuition funds from the State Department of Education, from my local Board of Education or from any other source of public funding for educational purposes.
- To receive payment from Medicaid or Medicare Insurance.
- To bill private medical insurance when necessary.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Self  
(Age 18 or older)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date