

Health Wave/Medicaid Exited Student Form

USD#: _____

Local Education Agency Name: ANW Special Education Cooperative

KIDSID#: _____

Student's Name: _____
Last First M.I.

Date of Birth: _____

Exceptionality: _____

Provider Name: _____

Please select option:

Services Stopped

End Date of Services: _____

Reason for Stopped Services:

Student has moved

Student is now 'CONSULT ONLY'