



## **CHILDBIRTH EDUCATION—CONSENT FOR SERVICES** & CBE WAIVER APPLICATION

## **Washington Apple Health (Medicaid)**

Co-sponsored by Bellingham Technical College and PeaceHealth St. Joseph Medical Center

## **Waiver Instructions:**

- 1. Complete BTC Course Registration Form for one of the following childbirth courses:
  - o Pregnancy and Childbirth course (5 session series)
  - o Prep for Childbirth: Weekend Condensed course (full day Saturday, half day Sunday)
  - Preparation for Childbirth & Parenting (8 session series)
- 2. Fully complete this Childbirth Education Consent for Services & CBE Waiver Application form.
- 3. Submit registration form and completed consent/waiver application to the BTC Registration department.

LAST NAME	FIRST NAME	M.I.	BIRTH DATE
STREET	CITY/STATE	/ZIP	
ESTIMATED DUE DATE	CLASS STAF	T DATE	
Consent for Services: Bellingham Te Apple Health (Medicaid) Program, t choose to participate in Childbirth E another local service provider listed	o help promote a healthy birth outc	ome. <u>These services</u> Bellingham Technica	are voluntary. You ma al College or through
I am interested in receiving	CBE classes through BTC	<del></del>	_
I am interested in receiving Referring agency if applical		<del></del>	_
I am interested in receiving  Referring agency if applical  Signature			_
I am interested in receiving  Referring agency if applical  Signature  Waiver Request:	ole	<b>Date</b> I) and am requesting	(Optiona the childbirth
Referring agency if applical Signature Waiver Request: I am currently enrolled in Waiver waiver. Please include a co	ashington Apple Health (Medicaid	<b>Date</b> I) and am requesting	