



Division of School Finance  
 Special Education Funding  
 1500 Highway 36 West  
 Roseville, MN 55113-4266

**UNIFORM TUITION BILLING  
 ONE-TO-ONE SERVICES  
 2013-14 SCHOOL YEAR**

ED-02424-08  
 DUE: 09/16/14

**PURPOSE:** This form is for the serving districts to submit documentation to the Minnesota Department of Education (MDE) for one-to-one professional services, contract services, contracted student placement, or specialized equipment provided to a nonresident student to be included in the tuition billing system. The services or equipment must have been specified in the student's IEP for the specific amount of time and duration. **This form is NOT for one-to-one paraprofessionals.** This is not a shared service but a service solely for the nonresident student. Forms that appear to be shared service will be returned.

**INSTRUCTIONS:** Handwritten applications **WILL NOT** be accepted. Please use the online form process to complete this application.

- Complete the information required below including serving district, resident district, student, hours of one-to-one professional services, etc.
- Specify the type of service, e.g., nursing, teacher, interpreter, intervener, etc., and provide the name of the service provider or piece of equipment.
- The services for the non-resident student must be entered on a **single line** on EDRS.
- The completed form should be sent to the Minnesota Department of Education, Division of School Finance, Special Education Funding, 1500 Highway 36 West, Roseville, MN 55113-4266.
- Mail a copy of the completed for to the director of special education of the resident district.

**TYPE OF SERVICE**

One to One Professional     Contract Services     Contracted Student Placement     Specialized Equipment

Name of Professional: (NOTE: these boxes are marked red which means it is **REQUIRED**)

Type of Equipment or service (e.g., interpreter for deaf): (NOTE: these boxes are marked red which means it is **REQUIRED**)

Dates of Service:

Total Hours of One-to-One Professional:

EDRS Line #:

FROM:

TO:

**SERVING DISTRICT**

**RESIDENT DISTRICT**

District Name:

District Number and Type:

District Name:

District Number and Type:

Address:

Address:

**LEARNER INFORMATION**

Last Name:

First Name:

MI:

MARSS Student ID #:

Grade:

Primary Disability Code:

Date of Birth:

Gender:

Age:

School/Facility Name:

School/Facility Number:

**SERVING DISTRICT VERIFICATION OF SERVICES PROVIDED**

I hereby verify that the information provided on this invoice is accurate and that records are on file to substantiate all data:

Signature:

Title:

Telephone Number:

Date Printed:

Contact Person:

Title:

Telephone Number:

Payment Due Date:

E-mail: