Minnesota Department of Education

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

SPECIAL EXPENDITURE APPLICATION
COURT PLACED NON-MINNESOTA RESIDENTS WITH INDIVIDUAL EDUCATION PROGRAMS (IEPS)
2014-2015

ED-02432-08
DUE: 10/16/2015

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

This form is provided to assist the applicant to provide the Minnesota Department of Education (MDE) with the necessary information to document the eligibility of a student for court placed revenue. Use **one** form for each student for each placement. The information from this application will be used to calculate the special education tuition.

Minnesota Statutes, section 125A.79, Subdivision 4: "Tuition – Notwithstanding sections 125A.03 to 125A.24 and 125A.65, for children who are nonresidents of Minnesota, receive services under section 125A.76, Subdivisions 1 and 2, and are placed in the serving school district by court action, the serving district shall submit unreimbursed tuition bills for eligible service to MDE instead of the resident school district. To be eligible for reimbursement, the serving school district, as part of its child intake procedures, must demonstrate good faith effort to obtain from the placing agency a financial commitment to pay tuition costs."

APPLICANT DISTRICT INFORMATION

District Name:					District Number and Type:
Address:			City:		Zip Code:
Contact Person:			E-mail Address:		Telephone Number:
Name of Student:			MARSS # (13 digits):		Date of Birth (MM/DD/YYYY):
* **Full Name** of Placing Agency (e.g., Ramsey County Human Services):			* **Full Name** of Care and Treatment Facility:		
Disability Code:	Age:	Grade:	Dates of Placement (MM/DD/YYYY): to	Membership Days:	Special Education Service Hours:
Non-Minnesota District of Residence:			Address (include City, State and Zip Code):		

***If items are not complete, or MARSS Report 17 is not attached, application will be returned.**

FOR MDE USE ONLY

TRA	LINE	FSC	SRV	DIS	AGE	GR	IT	MARSS #	PART	TUT	#TU	EXPENDITURE	DED	FAC	AGENCY

Eligible Certification: Student **must** meet **ALL** criteria to be eligible: (NOTE: these boxes are marked red which means it is **REQUIRED**)

- ☐ Student placed by a Minnesota court or human services not the parents or a school district.
- ☐ Student had an Individual Education Program (IEP) in effect for the time that the student was in placement.
- ☐ Submit statement for regular (core) education costs per day if care and treatment.
- ☐ District must submit MARSS Report 17.
- ☐ District attempted to invoice the district/state of residence and invoice was declined. (Attach letters or invoices and responses.)
- ☐ District certifies that there are intake procedures in place to assure that the placing agency is responsible for education costs.

District Name:	District Number and Type:

CERTIFICATION OF INFORMATION

I certify that to the best of our knowledge, the information contained on this form is accurate and complete.

_____	_____	_____
Signature – Director of Special Education	Telephone Number	Date