Minnesota Department of Education

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

SPECIAL EXPENDITURE APPLICATION SPECIAL PUPILS WITHOUT INDIVIDUAL EDUCATION PROGRAMS (IEPS) 2013-2014

ED-02434-08
DUE: 10/15/2014

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 **without** an IEP who is a ward of the state, as noted below. Use **one** form for each student MARSS record. **The serving district must attach a document supporting a daily rate for providing core or general education to this student.**

Minnesota Statutes, section 125A.75, Subdivision 3: "Full State Payment – The state must pay each district the actual cost incurred in providing instruction and services for a child whose district of residence has been determined by section 125A.17 or 125A.51, paragraph (b), and who is temporarily placed in a state institution, a licensed residential facility, or foster facility for care and treatment. The regular education program at the facility must be an approved program according to section 125A.515. Upon the following procedure specified by the commissioner, the district may bill the state the actual cost incurred in providing the services including transportation costs and a proportionate amount of capital expenditures and debt service, minus the amount of the basic revenue, as defined in section 126C.10, Subdivision 2, of the district for the child and the special education aid, transportation aid, and any other aid earned on behalf of the child. The limit in Subdivision 2 applies to aid paid pursuant to this subdivision. Minnesota Statutes, section 125A.51 (b), when parental rights have been terminated by court order, the legal resident of a child placed in a residential or foster facility for care and treatment is the district in which the child resides."

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 Licensed Foster Facility:		
Age:	Grade:	Dates of Placement (MM/DD/YYYY): to	Membership Days:	MARSS SAC:

***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

☐ If student was approved by MDE in 2012-13 for Full State Payment and the student was in the applicant district in 2013-14, check the box as no documentation of parental rights is required with this application.

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

- ☐ Parent's rights have been terminated, no other criteria such as parent resides out-of-state, resident of a correctional facility or unknown will apply.
- ☐ Student placed by the courts or human services not the school district.
- ☐ Student had **no** Individual Education Program (IEP) in effect for the time that the student was in placement.
- ☐ Placement is a licensed foster facility, state institution, or residential facility.
- ☐ District must submit MARSS Report 17.
- ☐ Attached documentation of the costs of providing core or general education services per day.

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