

		Office Use Only ESC Student Code Assigned by Region 9 ESC ESC90809
Name of District/Fiscal Agent	County-District No	

Student Name	Date Application Completed
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**Application for Approval of Funding for
Noneducational Community-Based Support Services
Region 9 Education Service Center
Fiscal Year 2008-2009**

Region 9 ESC Stamp-In Date Draft <hr/> Final

Authority for Data Collection and Planned Use of Data

TEC §29.013. Noneducational Community-Based Support Services for Certain Students with Disabilities
Data will be used to determine the cost of noneducational community-based support services for students with disabilities and ensure that this request for services is in accordance with state and federal laws, rules and regulations.

Assurances

If the student's district of residence is a member district in a special education cooperative, the fiscal agent district's superintendent's/CEO's signature guarantees that the sending member district accepts and agrees with the following assurances. The responsible district assures its ESC that the single member district or fiscal agent district (if student resides in a member district of a special education cooperative) applying for the noneducational community-based support services will:

1. ensure that an interagency group of people knowledgeable about the student, and the parents, have agreed upon the services to be provided; and
2. develop a contract with the provider of noneducational community-based support services.

Certification

We hereby certify that the information contained in this document is true and correct to the best of our knowledge, and that these statements of assurance are accepted and agreed to. We also certify the following: The provision of services under this section does not supersede or limit the responsibility of other agencies to provide or pay for costs of noneducational community-based support services. Specifically, services provided under this section may not be used for a student with disabilities who needs to be placed in a residential facility primarily for noneducational reasons. We also certify that parents, CRCG, MRA/MHA staff, and Local Education Agency (LEA) staff were involved in the development of this application. We further certify that any ensuing program and activity will be conducted in accordance with federal and state laws and regulations. It is understood by the applicants that this application constitutes an offer, and if approved by your ESC or renegotiated for approval will form a binding agreement.

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Name and Title of Authorized Special Education Representative for LEA

Name and title of person compiling information for this application

Telephone

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Name and Title of Authorized Representative for School District/Fiscal Agent¹

**** Signature**

Date

This signature is required prior to presentation to CRCG

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Name of Mental Retardation Authority (MRA) or Mental Health Authority (MHA), or Community Resource Coordination Group (CRCG)

MRA, MHA, or CRCG Contact Person

Telephone

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Name and Title of Authorized Representative of MRA/MHA, or CRCG Chairperson²

**** Signature**

Date

****Also initial each approved service on page 6 Cost Analysis**

Required Signatures

¹To be signed by the superintendent of a single member district/CEO's or the fiscal agent district/ESC for the special education cooperative. If anyone other than the Executive Director or Superintendent/CEO's signs this application/amendment, attach the appropriate authorization.

²To be signed by the authorized representative of the MRA or MHA; CRCG, i.e., the superintendent of a state school, the director of a state center, the executive director of a community center, CRCG chairman for noneducational community-based support services as verification that staff were consulted regarding services for the student named in this application.

Application has been reviewed by Region 9 ESC for accuracy, eligibility for services, and available funding prior to presentation to CRCG for approval.		
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Signature of Region 9 ESC Representative

Date

** Return completed application with required signatures to Anjela Schlegel, Region 9 ESC, 301 Loop 11, Wichita Falls, TX 76306



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Application Instructions

The purpose of noneducational community-based support services funding is to provide services to a student and their family in the student's home or local community, outside of the student's instructional day, so that the student can continue to benefit from their educational program. It is not appropriate to use these funds if the requested services would, could, and/or should be provided with educational funds. Appropriate services include respite care, attendant care, parent and family support, or other noneducational services listed on pages 6 and 7 of this application form. Services for students with autism are limited to respite and attendant care.

The application must be completed by local district or charter school personnel. Complete each item on all pages of the application. In order to provide adequate information for ESC staff to ensure that necessary criteria are met before this application is approved, be specific when providing answers. Indicate whether the request for funds is Year 1 (first request for funding for this student), Year 2 or Year 3 to continue services for this student, or Amendment to request additional services for this student during the current school year.

Year 1
 Year 2
 Year 3
 Amendment (complete pages 1, 2, 5, and 6 only)

Date of Services: **Beginning** _____ **Ending:** _____

Student's Primary Disability: _____ Date of Birth: _____

Sex: Male Female Age (as of 9/1/08): _____

Ethnicity: _____ Primary Language: _____

Student's District of Residence: _____ County-District No.: _____

Campus Attending:

Parents or Guardian/Managing Conservators: _____

Parents/Guardians are in agreement with this application. If not, reason:

Student is Medicaid Eligible, if appropriate

1. Current Status.	
<input type="checkbox"/>	1. This student is currently in residential placement for educational purposes, or
<input type="checkbox"/>	2. This student is at risk for residential placement for educational purposes.

2. Describe the presenting problems that have resulted in this application for funding.

3. What are the goals for this student and their family? Include long-term and short-term goals.

4. Describe the student's strengths and positive behaviors.

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5. Describe the student's behaviors that have resulted in the need for noneducational services. List specific behaviors observed or documented at **HOME** and at **SCHOOL**, including frequency and duration

Briefly describe specific behaviors observed or documented at HOME	Frequency			Duration
	1-5 times	6-10 times	11 + times	Daily – Weekly – Monthly – Yearly
Briefly describe specific behaviors observed or documented at SCHOOL	Frequency			Duration
	1-5 times	6-10 times	11 + times	Daily – Weekly – Monthly – Yearly

6. Briefly describe academic and behavioral interventions provided by the district in response to behaviors described on the previous page. This information should be based on the student's Individual Educational Program (IEP) and other pertinent school records.

Name of LEA or Residential Facility	Instructional Setting	Teacher : Student Ratio	Academic Interventions	Behavioral Interventions
2007-2008				
2006-2007				
2005-2006				

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7. Description of student's abilities and academic progress.

Results from most recent Full Individual Evaluation		Date of Evaluation (FIE or REED)	
Areas tested	Describe Results		Name of Evaluation Instrument
Cognitive Ability:			
Developmental:			
Achievement:			
Results of State and District-wide assessments			
Name of Test	Date tested	Results	

8. Describe recent agency involvement that has focused on maintaining the student in the home and in the local school program. Include names of agencies and services provided. *(For example: Counseling services provided by MHMR June 2006 – January 2007)*

9. List other recent attempts to obtain services from other agencies and community service providers. Include names of agencies and services requested from each. *(For example: Currently on waiting list for CLASS program; Application for SSI and Medicaid pending)*

10. List previous out-of-home placements, including reason, duration, persons/agencies responsible, and type of funding.

11. Describe how local resources will be used to convert to funds other than noneducational monies.

- ▶ **For first year applications**, describe anticipated use of funds and **propose declining percentages** (based on funds requested for Year 1) for the second and third years of funding
- ▶ **For second and third year applications**, describe how funds were used during previously funded school years and how student and family benefited from services provided with noneducational funds. **Include amount of funding that was actually used.**
- ▶ **Percentages may vary according to the needs of the student and available resources.**
Examples: Year 1 2008-2009 - \$1000 (100%); Year 2 2009-2010 – \$750 (75%); Year 3 2010-2011 - \$500 (50%)
Year 1 2008-2009 - \$1000 (100%); Year 2 2009-2010 – \$600 (60%); Year 3 2010-2011 - \$300 (30%)

School Year	Describe use of noneducational funds and local resources		%	Amount requested (or expended)
1	2008-2009			
2	2009-2010			
3	2010-2011			

12. Noneducational Community-Based Services.

Services requested should be based on recommendations from a local CRCG so that all avenues for funding and service provisions have been explored. Services should be listed below in order of priority **need(s)** for which funds are being requested. For each need indicate services requested, proposed service provider(s), and status (New or Continued).

Indicate status of each service (New or Continuing)	Prioritized Need(s)	Services requested	Description of Service(s)	Proposed Service Provider(s)
	Describe each need for which funds are being requested. Each need should be directly related to behaviors described on pages 2 and 3.	Identify services required to meet each need	Describe each service to be provided, including how the service: <ul style="list-style-type: none"> • will facilitate the student's ability to remain in their home. • is noneducational and/or differs from educational services 	Indicate name of provider and/or position of person providing service
New	1.			
Cont.				
New	2.			
Cont.				
New	3.			
Cont.				
New	4.			
Cont.				
New	5.			
Cont.				

Allowable Services

*Note: Respite Care and Attendant Care are the only allowable services for students with Autism.**

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Respite Care – intermittent, short-term care/relief to parents and/or family * 2. Attendant Care – maximum 3 hours per day personal assistance for the student to help normalize family activities * 3. Psychiatric/Psychological Consultation – consultation with student and family to develop a functional family unit 4. Management of Leisure Time – working with the student to develop skills for appropriate use of leisure time 5. Socialization Training – working with the family to help the student develop appropriate skills and behavior in public 6. Individual Support – working with the student to develop healthy self-esteem 7. Family Support – working with the family to develop a functional family unit | <ol style="list-style-type: none"> 8. Family Dynamics Training – training for the family to determine family values, goals, and expectations 9. Generalization Training – training the student and family to use a behavior management plan outside the structured, educational environment 10. Peer Support Group – providing opportunities for student to work with a group of students to develop appropriate interaction skills 11. Parent Support Group – providing opportunities for parents to work with a group of parents to develop coping and behavior management skills 12. Transportation – may be reimbursed only if necessary for families to receive noneducational services approved in the district's application |
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Cost Analysis

13. Noneducational Community-Based Support Services Costs

Noneducational services costs must reflect the information provided in Q.12 on page 5. Indicate the service to be provided, service code, frequency, rate per unit, and how many times the service will be provided during the approval period. List services in order of priority, if more than one service is requested. The order of priority services must correspond with the services identified on page 5. (For example: If respite is listed on line 1 of page 5, it must also be listed on line 1 of page 6.)

Prioritized Noneducational Services as listed on page 5	Service Code	Frequency: Daily, Hourly or Weekly	Rate per day, hour, or week	Number of times service will be provided	Total (Rate x Number)	* CRCG Initial Approval	ESC XI USE ONLY
1.			\$		\$		
2.			\$		\$		
3.			\$		\$		
4.			\$		\$		
5.			\$		\$		
					\$		

*** CRCG Chairperson/Coordinator will initial each service that is recommended/approved and sign the first page of the application.**

Allowable Services (see Question and Answer document for description of services)

Note: Respite Care and Attendant Care are the only allowable services for students with Autism.

- | | | |
|---|-----------------------------|----------------------------|
| 1. Respite Care | 5. Socialization Training | 9. Generalization Training |
| 2. Attendant Care | 6. Individual Support | 10. Peer Support Group |
| 3. Psychiatric/Psychological Consultation | 7. Family Support | 11. Parent Support Group |
| 4. Management of Leisure Time | 8. Family Dynamics Training | 12. Transportation |

- Revenue and expenditure amounts will be kept in accordance with the *Financial Accounting Resource Guide*.
- Fund Number 392 shall be used for noneducational community-based support services.

