

Noneducational Community-Based Support Services

Application for Funding

Education Service Center Region 17

Fiscal Year 2011-2012

Authority for Data Collection: TEC §29.013

Planned Use of Data: To determine the cost of noneducational community-based support services for students with disabilities and ensure that this request for service is in accordance with state laws and rules.

Instructions: Complete each item. For further information, contact your Education Service Center. Enter an "X" in the box to indicate whether the request for funds is new (application submitted first time for this student), continuing (application submitted for this student to continue services), or amendment/cost revision (to revise activity or cost of an approved application).

New Continuing Amendment/Cost Revision

Parent(s) or Guardian(s) is in agreement with this application.

Student Name:

List Student Disability/Disabilities:

Sex: M F

Age (as of 9/01 of current fiscal year): Ethnicity:

Primary Language:

Student's District of Residence or Charter School: County-District No.:

Home Campus: Campus Attending:

Dates of Services: Beginning: Ending:

ESC Stamp-in Date

Name of Person Completing Application:	Telephone:
E-mail Address of Person Completing Application:	
Parent/Guardian Name:	Telephone:

Typed Name and Title of Special Education Contact Person for LEA:	Telephone:
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Typed Name of Mental Retardation Authority (MRA) or Mental Health Authority (MHA), or Community Resource Coordination Group (CRCG) Contact Person:	Check One: <input type="checkbox"/> MRA <input type="checkbox"/> MHA <input type="checkbox"/> CRCG	CRCG/MRA/MHA Contact Person:	Telephone:
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If the student's district of residence or charter school is a member of a shared services arrangement, the fiscal agent superintendent's signature assures that the sending member accepts and agrees with the following assurances. The responsible LEA assures its local Education Service Center (ESC) of the following:

The single member district, charter school, or fiscal agent district (if student resides in a member district of a special education shared services arrangement) 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 certify that the information in this document is true and correct and that these statements of assurance are accepted. We further certify that the provision of services does not supersede or limit the responsibility of other agencies to provide or pay for costs of noneducational community-based support services.

We certify that parents, CRCG, MRA/MHA staff, and local education agency (LEA) staff were involved in the development of this application.

We certify that any ensuing program and activity will be conducted in accordance with federal and state laws and regulations. It is understood by the applicant that this application constitutes an offer and will form a binding agreement.

To be signed by the chairperson of the CRCG or designee.

Typed Name of CRCG Chairperson or designee:	Date:	Telephone:	Signature
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To be signed by the superintendent or designee of a single member district or the fiscal agent district for the shared services agreement. If anyone other than the superintendent signs this application, the appropriate authorization must be attached.

Typed Name and Title of Authorized Representative for School District/Fiscal Agent:	Date:	Telephone:	Signature
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NOTE: Services provided under this section shall not be used for a student with disabilities who is in need of residential placement for noneducational reasons.

These funds may not be used if the services described below could be provided with education funds. (Families with a child with Autism can only be provided with respite care or attendance care. In-home training of viable alternatives and parent training that support the student's individualized education program (IEP) must be paid with educational funds as required by TAC §89.1055(e)).

The following questions must be completed by district staff to provide adequate information for ESC staff to ensure that necessary criteria are met before this application is approved. Be specific when providing answers.

1. Current Status. This student is:
 - At risk for private residential placement for educational purposes.
 - Returning from private residential placement.
2. Briefly describe your impressions of the student.
3. Briefly describe the student's strengths.
4. Describe the student's behavior(s) that have resulted in the need for noneducational services. List specific behaviors observed at home and at school, including frequency (how often the behavior occurs) and duration (the period of time in which each behavior occurs; i.e. daily, weekly, monthly, yearly).
5. List academic and behavior intervention(s) implemented by the district regarding behaviors described in Question 4 and include the instructional setting and teacher/student ratio.
6. For continuing applications, describe the previous use of and benefit from noneducational funds.
7. Describe MRA/MHA or any other agency involvement that has focused on maintaining the student in the home and in the local school program.
8. List previous out-of-home placements and provide the reason and duration for each.

9. Describe anticipated future funding needs and include other sources of funds for services.

10. Briefly describe pertinent academic and behavioral information for each year. This information must be based on a student's individualized educational program (IEP), report card, or any other progress reports.

Fiscal Year	Name of Facility or LEA	Academic Information	Behavioral Information

11. Noneducational Community-Based Support Services. It is required that a meeting be held with the CRCG or a group of people knowledgeable about the student to determine whether or not these services are needed. Indicate need(s) for which funds are being requested. For each need, indicate service(s), description of service(s), proposed service provider(s), and status (new, continued, or revised).

NEED(S)	
Indicate each need for which funds are being requested. Each need should be directly related to the behavior described in Question 4.	
SERVICE(S)	
Service(s) must agree with the cost analysis (see Question 12) indicating the service to meet each need for which funds are being requested.	
DESCRIPTION OF SERVICE(S)	
Describe each service. Be specific as to how the service is noneducational and/or different from educational services.	
PROPOSED SERVICE PROVIDER(S)	
Indicate whether the provider is the local MRA/MHA, local school district, or other provider. Indicate type of position for each provider.	
STATUS	
Enter the letter which indicates the status: New (N), Continued (C), or Revised (R)	

12. Noneducational Community-Based Support Services Cost.

Noneducational services costs must reflect the information provided in Question 11 on page 3. 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.

Prioritized Noneducational Services as listed below	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	OFFICE USE ONLY
1.			\$		\$		
2.			\$		\$		
3.			\$		\$		
4.			\$		\$		
5.			\$		\$		
*CRCG Chairperson or designee will initial each service that is recommended/approved and sign the application.					Total for all services		
					\$		

**Service Codes	
<ul style="list-style-type: none"> 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 2. Attendant Care 3. Psychiatric/Psychological 4. Management of Leisure Time 5. Socialization Training 6. Individual Support	7. Family Support 8. Family Dynamics Training 9. Generalization Training 10. Peer Support Group 11. Parent Support Group 12. Transportation

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