Ohio | Department of Education

John Kasich, Governor
Deborah S. Delisle, Superintendent of Public Instruction

OHIO DEPARTMENT OF EDUCATION

AUTISM SCHOLARSHIP PROGRAM (ASP)

GUIDELINES

2010-2011

THESE GUIDELINES ARE SUBJECT TO REVISION
ASP 2010-2011

25 South Front Street
Columbus, Ohio 43215
education.ohio.gov

(877) 644-6338
(888) 886-0181 (TTY)

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Introduction

The Autism Scholarship Program (ASP) was created to provide an alternative to an autistic child's current public education. The intent of the program is to create choice, outside of the public education system.

The scholarship is designed to provide special education services to approved students during the Ohio school year. The typical school year runs from the end of August to the early part of the month of June. The scholarship funding must be used to address the August through June school year.

Some students may qualify for services over a 12 month period if their child's individualized education program (IEP) has extended school year services indicated or if the IEP has been written with effective dates of 12 months. Please note that the ASP cannot be used for summer services only.

Section 1 - Parent Application for Program Participation

1. Application for new applicants

A parent of a child who meets the eligibility criteria for a special education child found in Ohio Administrative Code (OAC) Rule 3301-103-03 (B)(1) through (8), and who wishes to have the child participate in the Autism Scholarship Program (ASP), must complete and submit an application. A complete application includes:

- The Autism Scholarship Application Form;
- The District Assurance Form indicating the child is eligible (this must be completed and signed by a representative of the district of residence); and
- A copy of the Parental Consent Form.

Each of the child's special education and related services providers listed on the Parent Application must be approved by the Ohio Department of Education, Office for Exceptional Children (ODE/OEC) before the application can be approved. For students to participate in the ASP, their applications must be approved by the ODE/OEC. (See Section 1, Item 6 below.)

Please note: Parents whose children have been approved for the ASP may not claim services that occurred before the approval date of the application.

2. Application deadline

- Parents must apply before the end of the third quarter (March 31, 2011) to enter the ASP in the current year that ends June 30, 2011. Applications for children turning three years old after March 31 will be considered on a case-by-case basis.
- Parents applying for the ASP after March 31, 2011, must use the 2011-2012 ASP application that will be available after May 1, 2011. (No applications should be submitted in April.)
- All applications received after March 31, 2011, that are approved for the 2011-2012 ASP year entitle the student to begin services on or after July 1, 2011.
- 2010-2011 applications will be available on the ODE's Web site, education.ohio.gov, search keywords *autism scholarship program*, or by contacting Carolynn Head or Paul Sogan, Office for Exceptional Children, (614) 466-2650.

3. Continuation Application/Affidavit

If a child participated in the ASP during the 2009-2010 school year, the parent must submit a Continuation Application/Affidavit to the ODE/OEC for the 2010-2011 school year, for the child to continue in the ASP. This form is provided by ODE/OEC.

- ODE/OEC will review the Continuation Application/Affidavit and send parents a letter informing them whether the application/affidavit has been approved or denied. A copy of this letter also will be sent to the child's school district of residence.
- **Please note:** Parents whose children have been approved for the ASP cannot claim services that were provided in the 2010-2011 school year before the approval date of the application.

4. **Denial of Parent Application or Continuation Application/Affidavit**

   The reasons for denial of an application/affidavit include, but are not limited to:
   - Incomplete forms;
   - Missing required documentation;
   - Forms requiring notarization are not notarized; and
   - The child does not meet program eligibility requirements.

5. **Evidence of legal custody**

   If the question arises of whether the person requesting the autism scholarship is the child's parent, as defined in OAC Rule 3301-103-01 (I), ODE/OEC may require any of the following:
   - Divorce decree, child support order, legal separation or legal custody papers;
   - Birth certificate;
   - Adoption papers; and/or
   - Other documentation approved by the ODE.

6. **Approval**

   ODE/OEC will review new ASP Applications and Continuation Applications/Affidavits. Once a decision has been made, a letter will be sent to the parent informing him or her of whether the application has been approved or denied. A copy of this letter also will be sent to the child's school district of residence.

7. **Parental Consent Form**

   As part of the Parent Application and the Continuation Application/Affidavit process, the parent will sign **and submit to the school district of residence** a copy of the Parental Consent Form that requires the school district of residence to release the following records to the other school district, the eligible public entity or the approved private provider who will implement the child's IEP:
   - The child's previous year IEP;
   - The current Evaluation Team Report (ETR) of the child's multi-factored evaluation;
   - The child's current IEP; and
   - All progress reports for the child from the previous year.

   Do NOT send copies of the four items listed above to ODE/OEC.

   The parent also must submit the Parental Consent Form to the approved private provider. This allows the provider to release progress reports for your child to the school district of residence and to submit Statement of Cost forms to the ODE.

   The parent also **must submit the Parental Consent Form to the ODE/OEC.** This allows the school district of residence to submit to ODE/OEC the completed District Assurance Form for your child, and allows the approved provider to submit Statement of Cost forms to the ODE.

8. **Adding providers**
   Parents may add other approved providers after the initial approval by informing ODE/OEC in writing by U.S. mail, fax or e-mail. The letter should include the child's name, parent's name and the additional provider's name(s). ODE/OEC will send the parent an approval letter, and forward a copy of the letter to the student's school district of residence. The parent/child will be approved to claim services from the new provider beginning on the date ODE/OEC receives the parent letter.

   Parents are required to provide a Parental Consent Form for each new provider, according to Part 7 above.

9. **Provider discontinues services**
   If the other school district, the eligible public entity, or the approved private provider serving as the sole provider implementing the child's IEP in the ASP notifies the ODE/OEC in writing that it will no longer provide special education and related services to the child for any reason, the parent may select another provider by following the directions in Part 7 above.

10. **Parent responsibility**
    Parents are required to report the following changes:
    - Parents must notify ODE/OEC **immediately and in writing**, if they change residence and/or school district of residence;
    - Parents must notify ODE/OEC **immediately and in writing**, if they are adding an additional approved private provider; and
    - Parents must notify ODE/OEC **immediately and in writing**, if they have a concern about their approved private provider.

    Parents are required to notify the district of residence of the following:
    - Before the first day of their child's participation in the ASP, parents must inform the school district of residence that the child will begin receiving services in the ASP;
    - Parents must notify the old and new districts of residence and ODE/OEC, **immediately and in writing**, if they change their school district of residence. (If the parents of a child participating in the ASP change residence and school district, the new school district of residence **immediately** assumes the responsibility of maintaining the IEP.);
    - Parents must assure that the private provider has the most current copy of the student's IEP from their school district of residence; and
    - The provider must work from the student's current IEP.

Section 2 - Transferring Providers

1. **Requesting a transfer of providers**
   If a child is being served by one provider and the parent wishes to change to a different provider, a transfer is required.
   - The child may transfer to a new provider on the first day of October, January or April.
   - Parents must submit in writing to ODE/OEC a request to transfer providers.
   - ODE/OEC will review the transfer request and send parents a letter informing them of whether the transfer has been approved or denied. A copy of this letter also will be sent to the child's school district of residence.
   - Student transfer requests must be completed and submitted to the ODE/OEC before the end of September, December or March for the child to be eligible to transfer to a new provider.

2. **Denial of the requested transfer**
   ODE/OEC may deny a requested transfer for a number of reasons, including, but not limited to:
   - The student transfer request not being received by the deadline; and
   - The provider not being registered with ODE/OEC.

3. **Parental Consent Form for transfers**
   As part of the student transfer process, the parent will send another Parental Consent Form that requires the school district of residence to release the following records to the new registered provider:
   - The child's previous year IEP;
   - The current ETR of the child's multi-factored evaluation;
   - The child's current IEP; and
   - All progress reports for the child from the previous year.

   No student transfer request will be considered complete until this Parental Consent Form is provided by the parent of the child applying for the transfer. Also see guideline in Section 1, Part 7.

4. **Written confirmation**
   The parent will receive written confirmation from ODE/OEC that the student transfer has been approved. A copy of this written confirmation will be sent to the student's school district of residence.

Section 3 - Withdrawal from the ASP

1. **Null and void scholarships**
   If a parent whose child is receiving services in the ASP chooses to withdraw from the program, the parent must **immediately** notify his or her school district of residence and ODE/OEC. Upon the parent's notification of withdrawal to the school district of residence and ODE/OEC, the scholarship becomes null and void.

   If a parent whose child is receiving services in the ASP returns the child to the district of residence, the scholarship immediately becomes null and void.

2. **Withdrawal from the ASP**
   If a parent withdraws a child from the program for any reason, the scholarship that was awarded to the child becomes null and void upon the date of withdrawal.
   - ODE/OEC may elect to reinstate a child to the program within the same school year if the original withdrawal involved health and/or safety issues or *documented* extenuating circumstances.
   - ODE/OEC has sole authority to determine if any of these issues or circumstances exist or previously existed.
   - Parents are required to meet their financial obligations to their approved private provider(s). Failure to meet these financial obligations could result in ODE/OEC withdrawing the parent and child from the ASP.

3. **Reentering the ASP**
   - Parents who have withdrawn their child **once** from the ASP can reapply immediately to the program. The parent must use the Parent Application found in Appendix A. This includes submitting a new District Assurance Form that has been filled out and signed by the Superintendent of the district of residence. If the application is approved, the parent may enter the program on the approval date, which is the date the full application was received. Also, parents must have met all financial obligations to providers before approval will be given.
   - After the second withdrawal from the program, a parent must wait one full year before reapplying to the program. Also, parents must have met all financial obligations to providers before approval will be given.
   - In both cases, the parent must have notified the ODE/OEC well ahead of time by U.S. mail, fax or e-mail.

Section 4 - Payment under the ASP

1. **Amount of scholarship**
   The amount of each scholarship to provide special education and/or related services that implement the child's IEP is the *lesser* of two amounts:
   - The fee charged for the child by the ASP provider(s); or
   - $20,000 per school year.

   Services for which reimbursement is being made must be detailed in the students IEP. Services not detailed in the IEP cannot be reimbursed.

2. **Payment schedule**
   For the 2010-2011 school year, the ODE/OEC will make payments for each child who is participating in the ASP based on submission of a Statement of Cost Form. The payment checks will include both the parent's and provider's names and will be mailed to the provider.
   - These funds will be issued within 30 days of the date the ODE/OEC receives the Statement of Cost Form.
   - Payment will not be made for any services provided to the child before ODE/OEC approved the parent's ASP application/affidavit.
   - The ODE/OEC will make payments according to the schedule below.

   2010-2011 School Year Payment Schedule

Services Provided in Quarter	Statement of Cost Forms Due to ODE/OEC First Week of:	Maximum Amount
Quarter 1 -- July 1 – Sept. 30	Oct. 2010	$4,000
Quarter 2 -- Oct. 1 – Dec. 31	Jan. 2011	$7,000
Quarter 3 -- Jan. 1 – March 31	April 2011	$7,000
Quarter 4 -- April 1 – June 30	July 2011	$7,000

   *Total costs between July 1 and June 30 ***for any one participating child*** may not exceed $20,000.

   Please note the maximum for the first quarter is now $4,000.

3. **Pro-rating**
   The maximum amount that will be reimbursed in the first quarter is $4,000. The maximum reimbursement for quarters 2, 3 and 4 is $7,000. Initial payment for services will be pro-rated, (adjusted) based on when a child approved for the ASP begins to receive services, assuming the provider has been approved. Adjusted rates are $650 per week and $2,500 per month for services that are provided to the child at least one day of the week for fewer than three months (one quarter). Payments may also be pro-rated when the parent withdraws the child from the program.

4. **Statement of cost**

The provider(s) ***must*** complete and submit the Statement of Cost Form (Appendix C) to ODE/OEC for each payment period during which services were provided under the ASP. The Statement of Cost Form must contain the following:

- Name of the student;
- Name, address and telephone number of the parent;
- School district of residence and county;
- Name of the ASP provider;
- Services provided payment period, beginning and ending service dates;
- Description and costs of the IEP services provided; and
- Provider and parent signatures. **(The parent signature indicates the parent's approval and the parent's agreement with the information listed on the Statement of Cost.)**

Please note: Only IEP services rendered by an approved provider and the provider's employees may be claimed on the Statement of Cost. No services may be claimed by individuals who are not employed by an approved provider.

Section 5 - Provider Application, Eligibility and Standards

1. **New provider application**
   Prospective providers must submit an application to ODE/OEC for the 2010-2011 school year. A complete application must include the signed affidavit indicating that the prospective provider meets the necessary requirements to be a provider in the ASP and agrees to follow all of the program guidelines. The prospective provider also is required to list staff positions and credentials for each position related to the provision of IEP services.

2. **Current providers**
   Current approved private providers must submit a new application to ODE/OEC before providing services in the ASP for the 2010-2011 school year.

3. **Registration**
   A private provider and all individuals acting on behalf of, under the control of or in connection with, the private provider must make available any information and assistance ODE/OEC reasonably deems necessary to determine that the requirements of the ASP are met.
   - On the date of registration, the provider ***must*** have been in operation at least one full school year.
   - The provider has current criminal records checks from the superintendent of the Ohio Bureau of Criminal Identification and Investigation on file for all staff who will be working with the child.
   - The provider must verify ***in writing*** that it has sufficient capital or credit to operate during the upcoming school year.
   - The provider must provide ODE/OEC a ***written statement*** confirming that the provider has adequate liability and property and casualty insurance. A copy of the provider's insurance declaration page may be submitted as proof of insurance if it shows effective dates and the amount and type of coverage.
   - For the 2010-2011 school year, all private providers approved for the 2009-2010 school year and ***new providers*** must submit a completed application page; the signed affidavit; a written statement confirming sufficient capital or credit to operate; a written statement confirming adequate liability, property and casualty insurance; and the credentials list.
   - The private provider will be notified in writing if approved by the ODE/OEC to be a registered provider.
   - **The provider must submit a copy of its itemized fee schedule for all services that will be requested for reimbursement through the ASP.**

4. **Payment**
   No reimbursement checks based on Statement of Cost Forms signed by the parent and provider will be issued in the program, unless the private provider appears on ODE/OEC's list of approved private providers. **If a private provider delivers services before ODE/OEC issues an approval letter for the 2010-2011 ASP, those services will *not* be eligible for payment under the ASP.** If the child transferred to or added a new provider,

payment will not be made for any services that new provider rendered to the child before ODE/OEC approved the transfer application or addition of provider.

5. **Revocation**
   If ODE/OEC revokes the registration of a private provider through an Ohio Revised Code (ORC) Chapter 119 hearing, the parents and school district of residence will be informed in writing of the revocation.

Section 6 - District of Residence Requirements

1. **Student eligibility**
   The district of residence is required to enroll the child; to evaluate the child if the district suspects he or she is a child with a disability; and, if the child is determined eligible for services necessary, develop an IEP according to existing federal and state laws. This process applies for all children suspected of having a disability, including children whose parents are applying to the ASP. For children whose parents are applying to the ASP, the district develops the IEP as if the district of residence was going to implement the IEP. There should be no mention of the ASP and/or any provider in the program within the child's IEP.

2. **Parent Application – District Assurance Form**
   The district of residence is required to verify information for ODE/OEC by completing and signing the District Assurance Form for any child residing in the district whose parent is applying to the ASP. Students must be specifically identified by the district of residence under the disability category of Autism and have a current and agreed-upon IEP to be approved for participation in the program. A child who has been identified as having a "pervasive developmental disorder – not otherwise specified" (PDD-NOS) is considered autistic for the purposes of the ASP, according to section 3301.41 of the ORC.

3. **Application approval**
   ODE/OEC will review new applications and send the parent(s) a letter informing them of whether the application has been approved or denied. A copy of this letter also will be e-mailed to the superintendent of the child's school district of residence, as listed in the Ohio Educational Directory System.

   Parents of children who have been approved for participation in the ASP and who have participated in the program during the 2009-2010 school year are required to sign and return only the continuation application (including an affidavit) to the ODE/OEC to continue participation in each succeeding school year. The District Assurance Form is not required for these children. The student must always have a current and agreed-upon IEP at the district of residence.

4. **Program participation**
   Parents are required to inform the district of residence prior to the first day of participation that their child will begin receiving services in the ASP. Children who have been approved to be in the program are not considered to be participating until they begin receiving services from their approved provider(s).

5. **Free appropriate public education (FAPE)**

   Districts are relieved of the requirement to provide a free appropriate public education (FAPE) for any resident child approved for and participating in the ASP.

   Each school district of residence is responsible for initiating and conducting meetings to develop, review and revise the IEP of a child with a disability at least annually.

6. **Maintenance of the IEP**
If the parents of a child participating in the ASP change their district of residence, the new district of residence, **within two to three weeks**, assumes the responsibility for initiating and conducting meetings to develop, review and revise the child's IEP. Parents are required to notify, **immediately and in writing,** both the old and new districts of residence and ODE/OEC of this change.

7. **Reporting participating students in the EMIS**
All students who participate in the ASP are required to be reported to EMIS by the resident district during the October (K), December (M), and Yearend (N) reporting periods. These students are included in the Federal December Child Count. Do not withdraw these students. Do not report the 215xxx Related Service Program Codes for these students. The Student Status should be coded "AS."

8. **Transportation**
Transportation responsibilities depend on Rule 3301-51-10 of the OAC and ORC Sections 3314.09 and 3327.01 through 3327.05. Situations are as follows:
   - If transportation is listed on the IEP as a related service, the parent may obtain transportation from a approved private provider who is qualified to operate such transportation and claim it for reimbursement through the ASP. The resident district is under no obligation to provide transportation as a related service.
   - If transportation is NOT listed on the IEP as a related service and the parent chooses an approved private provider, the parent will be responsible for transporting the child to the approved private provider.
   - If transportation is NOT listed on the IEP as a related service and the parent obtains services for the child through the ASP from a nonpublic school that is chartered or operating under a letter of approval, the child is entitled ONLY to the same transportation being offered by the resident district to regular education students attending that nonpublic school, as required in ORC 3327.01.

9. **ASP student participation in state testing**
Students in the ASP are NOT required to participate in state achievement and graduation tests. Students participating in the program, who are attending chartered nonpublic high schools, are **required** to participate in the Ohio Graduation Test.

Section 7 - Students Attending Chartered Nonpublic Schools

1. Evaluation for students attending a chartered nonpublic school

Students in the ASP always require an IEP at their district of residence.

A. Applicants who are applying to ASP

If a child with autism is currently enrolled by his or her parents in a chartered nonpublic school that is located in a district other than the child's district of residence, and the parent wants to participate in the ASP, **the child requires an ETR and IEP from the district of residence.** The resident district and parents may exercise the following options:

- If the child has already received an initial evaluation and/or reevaluation from the district where the nonpublic school is located, the child's district of residence may accept the child's current evaluation as its own evaluation, convene an IEP team meeting and create an IEP so that the child may participate in the ASP; or the district of residence may conduct its own evaluation, then complete the IEP process.
- If the child is attending a chartered nonpublic school and the child is suspected of having a disability under the Individuals with Disabilities Education Improvement Act (IDEA), the parent of the child may request an initial evaluation from either the district of residence or the district where the chartered nonpublic school is located. If the parent is interested in having his or her child participate in the ASP, the district of residence must complete the initial evaluation.

B. Children currently participating in the ASP

If the child already has been identified as a child with a disability by the district of residence and enters a chartered nonpublic school participating in the ASP, the reevaluations will be completed by the district where the nonpublic school is located. (*Operating Standards for Ohio Educational Agencies serving Children with Disabilities* Rule 3301-51-08 (R) (1) through (2)).

2. ASP student participation in state testing

Students in the ASP are NOT required to participate in state achievement and graduation tests. Students participating in the program, who are attending chartered nonpublic high schools, **are required** to participate in the Ohio Graduation Test.

Section 8 - Reporting of Children in the ASP

1. **Provider reporting**
   A) **Progress reports**
   The private provider **will** submit quarterly progress reports to the parent and the child's **school district of residence**. These reports should indicate the child's progress toward the annual goals and the extent to which that progress is sufficient for the child to achieve the goals by the end of the year.

   DO NOT send copies of the progress reports to ODE/OEC.

   B) **Children in attendance**
   By the first week of each quarterly payment period of the scholarship year, the provider will report to ODE/OEC the number of children who attended and participated in the ASP in a previous quarter and who *are no longer attending or participating in the program* as of the first day of the current quarter. **A form for this purpose, the Student Enrollment Form, is included in these guidelines. This form has been used in previous years.** (See Appendix D)

2. **Parents reporting to the ODE/OEC**
   Parents are required to report the following changes in status:
   - Parents must notify ODE/OEC, **immediately and in writing**, if they change residence and/or school district of residence;
   - Parents must notify ODE/OEC, **immediately and in writing**, if they are adding an additional approved private provider; and
   - Parents must notify ODE/OEC, **immediately and in writing**, if they have a concern about their approved private provider.

3. **Parent/district responsibility**
   Parents are required to notify the district of residence of the following:
   - Before their child's first day of participation in the ASP, parents must inform the school district of residence that the child will begin receiving services in the ASP;
   - Parents must notify the old and new districts of residence and ODE/OEC, **immediately and in writing**, if they change school district of residence. (If the parents of a child participating in the ASP change residence and school district, the new school district of residence **immediately** assumes the responsibility of maintaining the IEP.); and
   - Parent must assure that the private provider has the most current copy of the student's IEP.

Ted Strickland, Governor
Deborah S. Delisle, Superintendent of Public Instruction

APPENDIX A

OHIO DEPARTMENT OF EDUCATION

AUTISM SCHOLARSHIP PROGRAM (ASP)

PARENT APPLICATION FOR THE 2010-2011 SCHOOL YEAR

(FOR NEW APPLICANTS ONLY)

25 South Front Street
Columbus, Ohio 43215
education.ohio.gov
(877) 644-6338
(888) 886-0181 (TTY)

THE AUTISM SCHOLARSHIP PROGRAM
PARENT APPLICATION INSTRUCTIONS

1. Enter the full name of the child. (You must complete a separate application for each eligible child.)

2. Enter the date of birth for your child including the month, day and year.

3. Enter the complete home address of the child, including the city, state and zip code.

4. Enter the full name of the **parent**. Please check Mr., Mrs. or Ms.

5. Enter the **parent's** home address, even if it is the same as the child's.

6. Enter the **parent's** home telephone number, cell phone number and work telephone number .

7. Enter the **parent's** e-mail address (if applicable).

8. Enter the name your child's school **district** of residence (not the name of the school building.) Also enter the **county** where the school district is located.

9. Enter the name and address of the **private provider(s) or public provider** who will implement your child's Individualized Education Program (IEP). **(The private provider/agency or self-employed individual you have selected must be an approved, registered provider with the Ohio Department of Education.)**

10. The parent signature on the Parent Application gives the Ohio Department of Education consent to release information that appears on the application to the school district of residence or to a legal representative of the district of residence and the approved private provider.

    - The PARENTAL CONSENT FORM must be signed and submitted to the school district of residence. Parents must send copies of the form to the approved private provider and the ODE/OEC.

    This is required for the release of records and/or progress reports regarding the child.

11. THE DISTRICT ASSURANCE FORM must be signed by the superintendent or designee of the school district of residence and returned with the application. (Your application will not be approved without this signed, dated form from the school district of residence.)

12. The PARENT APPLICATION, PARENTAL CONSENT FORM and DISTRICT ASSURANCE FORM must be mailed to the Ohio Department of Education, Office for Exceptional Children. No other documentation is required. **(Faxed copies will not be accepted.)**

Direct questions regarding the Autism Scholarship Program application process to Carolynn Head or Paul Sogan, Office for Exceptional Children, (614) 466-2650.

SUBMIT THIS APPLICATION TO:

AUTISM SCHOLARSHIP PROGRAM
OHIO DEPARTMENT OF EDUCATION
OFFICE FOR EXCEPTIONAL CHILDREN
25 SOUTH FRONT STREET
MAIL STOP #203
COLUMBUS, OHIO 43215-4183

Mail Applications To
Autism Scholarship Program
Ohio Department of Education, Office for Exceptional Children
25 S. Front St. MS 203
Columbus, OH 43215

AUTISM SCHOLARSHIP PROGRAM
2010-2011 APPLICATION
Please type or print all information using blue or black ink.

CHILD'S INFORMATION (Complete a separate application for each additional eligible child.)

1. **Name** _____ _____ _____
   (First Name) **(MI)** **(Last Name)**

2. **Child's Date of Birth** _____ **Month** _____**Day** _____**Year**

3. **Home Address** _____
   (Number & Street)
   _____ _____ _____
   (City) **(State)** **(Zip Code)**

PARENT INFORMATION

4. **Parent Name □Mr. □Mrs. □Ms.** _____ _____ _____
   (First Name) **(MI)** **(Last Name)**

5. **Home Address** _____
   (Number & Street)
   _____ _____ _____
   (City) **(State)** **(Zip Code)**

6. **Home Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____**

7. **Work Telephone (_____) _____ - _____ E-mail _____**

8. **School District of Residence _____ County _____**

9. **Name and address of the approved and approved private provider/agency or self-employed individual or public provider who will implement your child's Individualized Education Program (IEP).**

_____ (Print Name)	_____ (Print Name)
_____ (Address)	_____ (Address)
_____ (City) (State) (Zip Code)	_____ (City) (State) (Zip Code)
Telephone # ( )	Telephone # ( )

_____ _____
(PARENT SIGNATURE) **(DATE)**

FOR ODE OFFICE USE ONLY

APPROVED _____ **DENIED _____**

APPROVAL DATE: _____ /_____ / _____ **DENIAL DATE: _____ / _____ / _____**

SIGNATURE _____
(ASSOCIATE DIRECTOR, OFFICE FOR EXCEPTIONAL CHILDREN)

Mail Applications To
Autism Scholarship Program
Ohio Department of Education, Office for Exceptional Children
25 S. Front St. MS 203
Columbus, OH 43215

AUTISM SCHOLARSHIP PROGRAM
2010-2011 APPLICATION
Please type or print all information using blue or black ink.

This Form MUST be completed by the school district of residence and signed by the superintendent or his or her designee.

DISTRICT ASSURANCE

I assure that the following documentation and information is correct and is on file in this school district for

_____ **DOB** _____/ _____ /_____
(Print Student Name)

Statewide Student Identifier Number (SSID) __|__|__|__|__|__|__|__|__ **(Do Not Leave Blank)**

1. ____**Yes** ____ **No** This child has been identified as a child with a disability, by the school district of residence's evaluation team, under the category of Autism as specified in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) ***OR***

2. ____**Yes** ____ **No** This child has been identified as having a "pervasive developmental disorder – not otherwise specified (PDD-NOS)" and shall be considered to be an autistic child for purposes of Section 3310.41 of the Revised Code.
(A copy of this identification is maintained on file at the school district of residence)

3. ____**Yes** ____ **No** This child's current Individualized Education Program (IEP) **IS** finalized and all parties, including the parent(s), are in agreement with the IEP. **(This IEP must be developed at the district of residence)**

4. ____**Yes** ____ **No** This child was included in the district's **most recent** EMIS October student count.

5. ____**Yes** ____ **No** Are there administrative or judicial mediations or proceedings pending with respect to the content of the child's IEP?

6. ____**Yes** ____ **No** The parent is a resident of the school district.

7. ____**Yes** ____ **No** The parent, _____**,** has provided to this district a signed and completed Ohio Department of Education Parental Consent Form.

The school district will notify the Ohio Department of Education, Office for Exceptional Children, in writing, if a child enrolled in the Autism Scholarship Program returns to this school district, **or** if the child becomes ineligible for special education services.

_____ _____
(Print Name of Superintendent or Designee) **(Title)**

_____ _____
(Signature of Superintendent or Designee) **(Date)**

_____ _____
(School District of Residence) **(County)**

Mail Applications To
Autism Scholarship Program
Ohio Department of Education, Office for Exceptional Children
25 S Front Street MS 203
Columbus, Ohio 43215

AUTISM SCHOLARSHIP PROGRAM
2010-2011
Please type or print all information using blue or black ink.
Parent submits original to district of residence and copies to ODE and approved private provider (s)

PARENTAL CONSENT FORM

I _____ give my permission for:

1. My school district of residence _____, located in _____ County, to release the following records to my approved private provider, who will be implementing my child's Individualized Education Program (IEP):

- **The current agreed upon IEP;**
- **The Evaluation Team Report (ETR) of the current evaluation;**
- **Progress and interim reports from the previous school year; and**
- **The previous year's IEP.**

(Parents DO NOT send the documents listed above to the Ohio Department of Education.)

2. The approved private provider (s) _____,
_____, _____
to release to the school district listed above the following records:

- **Progress reports for my child;** and

to the Ohio Department of Education:

- **Completed Statement of Cost forms for my child;** and for

3. The school district listed above to release to the Ohio Department of Education:

- **A completed district assurance form for my child; and for**

4. The Ohio Department of Education, if requested, to release to the school district listed above the following record:

- **Completed Statement of Cost forms for my child.**

_____ **DOB _____/ _____ /_____**
(Print Student Name)

_____
(Print Parent Name)

_____ _____
(Parent Signature) **(Date)**

<u>THE PARENTAL CONSENT FORM</u> must be **SIGNED**, **COPIED** and submitted to the **SCHOOL DISTRICT OF RESIDENCE, YOUR APPROVED PRIVATE PROVIDER (s) and to the OHIO DEPARTMENT OF EDUCATION, AUTISM SCHOLARSHIP PROGRAM.**

Ohio | Department of Education

Ted Strickland, Governor
Deborah S. Delisle, Superintendent of Public Instruction

APPENDIX B

AUTISM SCHOLARSHIP PROGRAM (ASP)

PRIVATE PROVIDER REGISTRATION APPLICATION 2010-2011

25 South Front Street
Columbus, Ohio 43215
education.ohio.gov

(877) 644-6338
(888) 886-0181 (TTY)

Mail Applications To
Autism Scholarship Program
Ohio Department of Education, Office for Exceptional Children
25 S Front Street MS 203
Columbus, Ohio 43215

THE AUTISM SCHOLARSHIP PROGRAM
PRIVATE PROVIDER REGISTRATION APPLICATION INSTRUCTIONS

Complete this page only if you are a PRIVATE PROVIDER/AGENCY seeking registration approval. (This section does not apply to self-employed individuals.)

1. Enter the complete business name.
2. Enter the street address, including any P.O. Box number, city, state, zip code and county.
3. Enter the business phone number, including area code.
4. Enter the business fax number, including area code.
5. Enter the business e-mail address.
6. Enter the full name of the executive officer and/or owner operator.
7. Enter the date of birth and last four digits of the social security number for the executive officer/owner/operator.
8. Enter the name of the primary contact person.
9. Enter business phone number.
10. Enter the business e-mail address.
11. Enter the date of birth and last four digits of the social security number of the primary contact person.
12. Enter the printed name, signature and title of the executive officer/owner/operator, along with the date. These items must be included on the application.

Complete this page only if you are a PRIVATE PROVIDER/SELF-EMPLOYED INDIVIDUAL seeking registration approval.

1. Enter your full name.
2. Enter the business/home street address, including any P.O. Box number, apartment number, city, state, zip code and county.
3. Enter the date of birth and last four digits of your social security number.
4. Enter your business/home phone number, including area code.
5. Enter the business fax number, including area code.
6. Enter the business e-mail address.
7. Enter your printed name and signature, along with the date. These items must be included on the application.

The **PRIVATE PROVIDER AFFIDAVIT *MUST*** be **signed, notarized and included** with the application to be considered for approval. Each private provider must complete the Private Provider Affidavit.

The **PRIVATE PROVIDER CREDENTIAL LIST *MUST* be included with the application to be considered for approval.** The list **MUST** include the credentials for all staff positions that will be serving students in the Autism Scholarship Program and implementing the goals and objectives in the Individualized Education Program (IEP).

Questions regarding the private provider registration or application process may be directed to Carolynn Head or Paul Sogan, Office for Exceptional Children, (614) 466-2650.

Mail Applications To
Autism Scholarship Program
Ohio Department of Education, Office for Exceptional Children
25 S Front Street MS 203
Columbus, Ohio 43215

AUTISM SCHOLARSHIP PROGRAM
2010-2011 PRIVATE PROVIDER REGISTRATION APPLICATION
Please type or print all information using blue or black ink.

PRIVATE PROVIDER/AGENCY INFORMATION

1. Business name: _____

2. Business address: _____
(Number & Street)

_____ **OH** _____ _____
(City) **(State)** **(Zip Code)** **(County)**

3. Business phone number: (_____) _____ - _____

4. Fax number: (_____) _____ - _____

5. Email address: _____

6. Name of executive officer/owner/operator:

_____ _____ _____
(First Name) **(MI)** **(Last Name)**

Date of birth: _____/_____/_____ Last four digits of social security number: _____

7. Name of primary contact person:

_____ _____ _____
(First Name) **(MI)** **(Last Name)**

8. Business phone number: (_____) _____ - _____

9. Email address: _____

Date of birth: _____/_____/_____ Last four digits of social security number: _____

_____
(Signature of executive officer/owner/operator)

_____
(Title)

_____/_____/_____
(Date)

FOR ODE OFFICE USE ONLY

APPROVED _____ **DENIED _____**

APPROVAL DATE: _____ / _____ / _____ **DENIAL DATE: _____ / _____ / _____**

SIGNATURE: _____
(ASSOCIATE DIRECTOR, OFFICE FOR EXCEPTIONAL CHILDREN)

Mail Applications To
Autism Scholarship Program
Ohio Department of Education, Office for Exceptional Children
25 S Front Street MS 203
Columbus, Ohio 43215

AUTISM SCHOLARSHIP PROGRAM
2010-2011 PRIVATE PROVIDER REGISTRATION APPLICATION
Please type or print all information using blue or black ink

PRIVATE PROVIDER/SELF-EMPLOYED INDIVIDUAL INFORMATION

1. **Name: _____ _____ _____**
(First Name) (MI) (Last Name)

Date of birth: _____/_____/_____ Last four digits of social security number: _____

2. **Home/business address: _____ Apt. # _____**
(Number & Street)

_____ OH _____
(City) (State) (Zip Code) (County)

3. **Home/business phone number: (_____) _____ - _____**

4. **Home/business fax number: (_____) _____ - _____**

5. **E-mail address: _____**

_____
(Signature)

_____
(Title)

_____/_____/_____
(Date)

FOR ODE OFFICE USE ONLY

APPROVED _____ DENIED _____

APPROVAL DATE: _____ / _____ / _____ DENIAL DATE: _____ / _____ / _____

SIGNATURE: _____
(ASSOCIATE DIRECTOR, OFFICE FOR EXCEPTIONAL CHILDREN)

AUTISM SCHOLARSHIP PROGRAM
2010-2011 PRIVATE PROVIDER REGISTRATION APPLICATION

PRIVATE PROVIDER AFFIDAVIT

The Private Provider applicant swears or affirms:

1. The Private Provider applicant is located within the boundaries of the state of Ohio, and will serve children participating in the Autism Scholarship Program within the state of Ohio boundaries.

2. The Private Provider applicant assures it has been in operation for at least one full school year prior to enrolling children participating in the Autism Scholarship Program.

3. The Private Provider applicant has on file, or is willing to obtain before providing special education and related services, a current copy of a criminal records check for all owners, all individuals employed by and all parties contracting with the provider, all subcontractors, and all volunteers according to OAC Rule 109:5-1-01 and Rule 3301-103-07. The applicant further affirms that, as a result of the background check, the applicant or any individual employed by the applicant or other individual or party listed above has not been convicted of or pleaded guilty to an offense or violations described in ORC Section 3319.39(B)(1). The prohibition against employing any individual or contracting with parties or having owners, subcontractors or volunteers who have been convicted of or pleaded guilty to any of these offenses or violations shall apply to providers registered by the Ohio Department of Education for purposes of the Autism Scholarship Program.

4. The Private Provider applicant assures that anyone serving students through the Autism Scholarship Program has on file, at the provider's address, a copy of any required Ohio Department of Education certification/licensure, state or national licensure appropriate for the special services it will be providing.

5. The Private Provider applicant has, as demonstrated by a written statement, adequate liability, property and casualty insurance. **(APPLICATIONS SUBMITTED WITHOUT THIS WRITTEN STATEMENT WILL NOT BE APPROVED)**

6. The Private Provider applicant has no outstanding claims for recovery from the Auditor of State.

7. The Private Provider applicant will verify in a written statement, **filed with the Ohio department of Education** that the owner has sufficient capital or credit to operate during the 2010–2011 school year. **(APPLICATIONS SUBMITTED WITHOUT THIS WRITTEN STATEMENT WILL NOT BE APPROVED)**

8. The Private Provider applicant will comply with state and federal laws regarding the delivery of services to children with disabilities, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Americans with Disabilities Act (ADA), Family Educational Rights and Privacy Act (FERPA), Rehabilitation Act of 1973, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and Chapter 3323 of the Revised Code, per Rule 3301-103-07(A)(13) of the Administrative Code.

PRIVATE PROVIDER AFFIDAVIT continued

9. The Private Provider applicant has written policies and procedures that address program services including program philosophy, health and safety issues, service delivery and termination, confidentiality of individual's records, and consumer satisfaction; administrative services including a description of internal monitoring and evaluation procedures to improve delivery of services, documentation of timely reporting to parents and the resident school district, and a professional development and training plan for staff members.

10. The Private Provider applicant has a written policy addressing the private provider's practices to ensure that said private provider does not discriminate on the basis of race, ethnicity, national origin, religion, gender, disability, age or ancestry.

11. The Private Provider applicant's itemized fee schedule and description of the special education and/or related services to be provided as part of the Autism Scholarship Program are maintained and kept in the private provider's files.

    ***NEW REQUIREMENT*: "The private provider applicant must submit with this application a copy of its itemized fee schedule and description of the special education and/or related services to be provided as part of the Autism Scholarship Program."**

    The Private Provider shall bill and reimbursement shall be based on those special education and related services as detailed in the child's Individualized Education Program (IEP) and implemented by the Private Provider.

12. The Private Provider applicant will notify the Ohio Department of Education, Office for Exceptional Children Autism Scholarship Program, when the Private Provider is no longer providing Autism Scholarship Program services to a child.

13. The information requested and contained in this affidavit is correct and complete to the best of my knowledge and belief.

To be completed only by an individual authorized to agree to the above statements on behalf of the Private Provider applicant.

_____
(**Print Name)**

_____
(Title)

_____ _____
(Signature) **(Date)**

Sworn to or affirmed before me and signed in my presence this _____day of _____, _____

_____
(Notary Public)

My Commission Expires: _____ / _____ / _____

The contents of this affidavit may not be altered.

Mail Applications To
Autism Scholarship Program
Ohio Department of Education, Office for Exceptional Children
25 S Front Street MS 203
Columbus, Ohio 43215

Autism Scholarship Program
2010-2011 Private Provider Registration Application
Credential List

This list must be included with the application.

Copies of all certificates and licenses listed shall be on file at the provider's address.

PLEASE TYPE. PROVIDE NAME AS IT APPEARS ON THE CERTIFICATE/LICENSE.

STAFF NAME, AS IT APPEARS ON THE INDIVIDUAL'S LICENSE OR CERTIFICATION, AND POSITION TITLE	ODE CERTIFICATION/LICENSURE, NAME OF OTHER STATE OR NATIONAL LICENSURE/ CERTIFICATION ENTITY AND CERTIFICATE/ LICENSE NUMBER

Staff listed on this page must be currently employed and cannot be employed/paid through Auxiliary Funds.

Mail Applications To
Autism Scholarship Program
Ohio Department of Education, Office for Exceptional Children
25 S Front Street MS 203
Columbus, Ohio 43215

2010-2011 AUTISM SCHOLARSHIP PROGRAM

FINANCIAL ASSURANCE AND INSURANCE DECLARATION PAGE

_____ Has sufficient capital and credit to operate during the 2010-2011 school year.
(Name of company or self-employed individual)

_____
(Print name of executive officer/owner/operator/self-employed individual)

_____ _____
(Signature of executive officer/owner/operator/self-employed individual) (Date)

- Please attach a copy of the declaration page for your professional insurance showing effective dates of insurance.
- Please attach a copy of your Itemized Fee Schedule and a description of the special education and/or related services to be provided as part of the Autism Scholarship Program.

  (These must be included with your application for approval of the Autism Scholarship Program).

Ted Strickland, Governor
Deborah S. Delisle, Superintendent of Public Instruction

APPENDIX C

OHIO DEPARTMENT OF EDUCATION

AUTISM SCHOLARSHIP PROGRAM (ASP)

STATEMENT OF COST

25 South Front Street
Columbus, Ohio 43215
education.ohio.gov

(877) 644-6338
(888) 886-0181 (TTY)

Mail Applications To
Autism Scholarship Program
Ohio Department of Education, Office for Exceptional Children
25 S Front Street MS 203
Columbus, Ohio 43215

Autism Scholarship Program
Statement of Cost Instructions

This form **MUST** be completed by the approved private provider or self-employed individual or public provider and then **SIGNED BY BOTH THE PROVIDER AND PARENT**. **Incomplete forms will be returned to the parent and/or provider.**

1. Enter the child's first name, middle initial and last name.

2. Enter the parent's first name, middle initial and last name.

3. Enter the parent's complete address and telephone number.

4. Enter the school district of residence's name and county.

5. Enter the name of the approved private provider or self-employed individual or public provider's name.

6. The approved private provider or self-employed individual or public provider **MUST** complete the "service provided" section. **(Indicate which service(s) were provided per the child's IEP goals, frequency and duration) Example: Occupational therapy four day's per/week, 30 minutes per session. (Incomplete forms will be returned to the parent and or provider)**

7. The approved private provider or self-employed individual or public provider **MUST CHECK** the service period. (Example: services were rendered - July 1 – September 30).

8. The approved private provider or self-employed individual or public provider **MUST** complete the beginning date and ending date of service (s). (Example, this child was approved for the scholarship program on July 8, 2010 and began services with the provider on July 12, 2010. The first date of service would be July 12, 2010.)

9. The approved private provider or self-employed individual or public provider **MUST** complete the total cost of service (s). **The provider shall bill and accept payment, not to exceed $20,000 per school year, only for special education and related services provided which are specified in the child's Individualized Education Program (IEP) and implemented by the provider.**

10. **BOTH** parent and approved private provider or self-employed individual or public provider **MUST** sign this form. Missing signatures or information **WILL** delay payment. **(The signatures of the parent and the provider indicate that all parties are in agreement that services listed were rendered and the total cost is correct.)**

11. Send only the ***original*** Statement of Cost form to: **(FAXED COPIES WILL NOT BE ACCEPTED)**

Autism Scholarship Program
The Ohio Department of Education, Office for Exceptional Children
25 S. Front St. Mail Stop 203
Columbus, Ohio 43215

Questions or concerns regarding the Autism Scholarship Program or the Statement of Cost Form may be directed to Carolynn Head or Paul Sogan, Office for Exceptional Children, (614) 466-2650.

BOTH PARENT AND PRIVATE PROVIDER OR PUBLIC PROVIDER SHOULD RETAIN COPIES OF THE COMPLETED STATEMENT OF COST

AUTISM SCHOLARSHIP PROGRAM
STATEMENT OF COST
Please type or print all information.

Child's First Name: _____ **MI:** _____ **Child's Last Name:** _____

Parent First Name: _____ **MI:** _____ **Parent Last Name:** _____

Address: _____ **Phone number:** (_____) _____ - _____
(Street name & number) **(P.O. Box or Apt. Number)**

_____OH_____ _____/_____
(City) **(Zip Code)** **(School District of Residence)** **(County)**

Private Provider or Self-Employed Individual's or Public Provider's Name: _____ Do Not Leave Blank _____

Indicate service (s) provided per the child's IEP goals, objectives, frequency and durations: (Example: Occupational therapy four day's per/week, 30 minutes per session)

Do not leave this area blank.

Use the back of this form for additional information on IEP goals, objective, frequency and durations that need to be listed. The provider shall bill and accept payment, not to exceed $20,000 per school year, only for special education and related services provided which implement the child's Individualized Education Program (IEP).

Check only one service period below

	Quarter	Due Date	Max. Amount
_____	July 1 – Sept. 30	October 1, 2010	$4,000
_____	Oct. 1 – Dec. 31	January 2, 2011	$7,000
_____	Jan. 1 – March 31	April 1, 2011	$7,000
_____	April 1 – June 30	July 1, 2011	$7,000

Beginning Date of Service (s): _____/_____/_____ (This quarter only)

Ending Date of Service (s): _____/_____/_____

Total Cost of Service (s) $_____. _____

Parent agrees to pay the provider for the services provided and listed on this cost report. Parent signature indicates agreement to the service(s) listed by provider and the total cost of service(s) indicated.

PARENT Signature: _____**Date:** ____/____/_____ **PROVIDER Signature:**_____**Date:**____/____/_____

FOR DEPARTMENT USE ONLY

DATE RECEIVED: ____/ ____/ _____ VERIFIED BY: _____ AMOUNT PAID: $ _____

Please mail the original Statement of Cost form to the Ohio Department of Education, Office for Exceptional Children. Private and/or public providers should retain a copy of this form for their files, and parent(s) should retain a copy for their records. **(PLEASE NO ATTACHMENTS)**

Autism Scholarship Program
Ohio Department of Education
25 S. Front St. MS 203
Columbus, OH 43215

Ted Strickland, Governor
Deborah S. Delisle, Superintendent of Public Instruction

APPENDIX D

OHIO DEPARTMENT OF EDUCATION

AUTISM SCHOLARSHIP PROGRAM (ASP)

STUDENT ENROLLMENT FORM

25 South Front Street
Columbus, Ohio 43215
education.ohio.gov
(877) 644-6338
(888) 886-0181 (TTY)

THE AUTISM SCHOLARSHIP PROGRAM
PRIVATE PROVIDER
STUDENT ENROLLMENT FORM INSTRUCTIONS

Providers this form MUST be submitted to the Office for Exceptional Children at the beginning of the quarterly payment periods of October, January and April. Forms can be submitted electronically to OEC_ASP@ode.state.oh.us. (Please note there is an underscore after OEC in the email address.)

1. Provider: please complete the provider information at the top of this form.
2. Enter the complete name of each student enrolled in your program.
3. Enter the school district of residence
4. Enter YES and/or NO that you have a current copy of this child's IEP from his or her school district of residence.
5. Enter the date that this child began services with your program.
6. If this child is no longer being served by your program, then enter the last date of service.
7. **Providers, please make certain you have submitted your quarterly progress reports to this child's school district of residence and to the parent of this child.**

This information is a requirement of all approved private providers of the Autism Scholarship Program. Forms must be received at the Ohio Department of Education, Office for Exceptional Children, at the end of each quarterly payment period. Forms can be electronically submitted to the following email address: OEC_ASP@ode.state.oh.us. (Please note the underscore in this email address following OEC.)

Autism Scholarship Program
Student Enrollment Form

Approved Registered Provider:_____

Address :_____**(OH)**_____**County:**_____
(Street Address) **(City)** **(Zip Code)**

Telephone Number: _____ **E-mail Address:** _____

PLEASE TYPE OR PRINT THE INFORMATION REQUESTED

STUDENT NAME	SCHOOL DISTRICT OF RESIDENCE	CURRENT COPY OF IEP ON FILE: YES OR NO	DATE SERVICES BEGAN	DATE SERVICES ENDED