



OHIO DEPARTMENT OF EDUCATION

AUTISM SCHOLARSHIP PROGRAM (ASP)

GUIDELINES

2007-2008

THESE GUIDELINES ARE SUBJECT TO REVISION
ASP –2007-2008



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Section 1

Parent Application for Program Participation

1. Application for New Applicants

A parent of a child who meets the eligibility criteria found in Rules 3301-103-03 (B)(1) to (8) of the Administrative Code and wishes to have his/her child participate in the Autism Scholarship Program (ASP) must complete and submit an application. A complete application would include the application page, the District Assurance form that indicates the child is eligible (filled out and signed by the district of residence), and a copy of the parental consent form. Each provider listed on the parent application must be approved by the Ohio Department of Education, Office for Exceptional Children (ODE/OEC) before the parent application can be approved. To participate in the Autism Scholarship Program, applications must be approved by the ODE/OEC. (See section 1, part 5 below.)

Please note: Parents whose children have been approved for the Autism Scholarship Program can not claim services prior to the approval date of the application.

2. Continuation Application/Affidavit

If a child participated in the scholarship program during the 2006-2007 school years, the parent must submit a continuation application/affidavit (provided by ODE/OEC) to the department for the 2007-2008 school year in order for the child to continue in the Autism Scholarship Program.

- ODE/OEC will review the continuation application/affidavit and send parents a letter informing them if the affidavit has been approved or denied. A copy of this letter will also be sent to the child's school district of residence.
- Please note: Parents whose children have been approved for the Autism Scholarship Program can not claim services for the 2007-2008 school year prior to the approval date of the application.

3. Denial of Application/Affidavit

The reasons for denial of an application/affidavit include, but are not limited to:

- Incomplete forms;
- Not meeting timelines;
- Missing required documentation;
- Forms requiring notarization are not notarized;
- Not meeting program requirements.

4. Evidence of Legal Custody

If a question arises as to whether or not the person requesting the autism scholarship is the child's parent as defined in Rule 3301-103-01(I) of the Administrative Code, 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 Ohio Department of Education.

5. Approval

ODE/OEC will review new applications/affidavits. Once a decision has been rendered, a letter will be sent to the parent informing them if the application/affidavit has been approved or denied. A copy of this letter will also be sent to the child's school district of residence.

6. Parental Consent Form

As part of the 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 registered private provider who will implement the child's IEP:

- The previous year's IEP;
- The current Evaluation Team Report of the multi-factored evaluation;
- The current IEP; and
- All progress reports from the previous year.

DO NOT SEND COPIES OF THE BULLETED ITEMS ABOVE TO ODE/OEC

The Parental Consent Form **must also be submitted to the Approved Registered 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 Ohio Department of Education.

The Parental Consent Form **must also be submitted to the Ohio Department of Education**. This allows the school district of residence to submit to the Ohio Department of Education the completed district assurance form for your child.

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

7. Adding providers

Parents may add additional approved providers after the initial approval by informing ODE/OEC in writing by U.S. Mail. The letter should include the child's name, the parent's name, and the new approved provider. ODE/OEC will send the parent an approval letter. The parent/child will be approved to claim services from the new provider beginning on the date of ODE/OEC's receipt of the parent letter.

Section 2

Transferring Approved Registered Private Providers

1. Requesting a Transfer

Parents may transfer their child to another registered provider up to two times per school year.

- The child may transfer to a new provider on the first day of the month of December and/or March of a given school year.
- ODE/OEC will review transfer applications and send parents a letter informing them if the transfer application has been approved or denied. A copy of this letter will also be sent to the child's school district of residence.
- Student transfer forms must be completed and submitted to the Ohio Department of Education by Nov. 1, 2007, for the child to be eligible to transfer to a new provider Dec. 1, 2007.
- Student transfer forms must be completed and submitted by Feb. 2, 2008, for the child to be eligible to transfer March 1, 2008.

2. Denial of the Requested Transfer

ODE/OEC may deny a requested transfer for a number of reasons including, but not limited to:

- Incomplete student transfer forms;
- Student transfer forms submitted without all required documentation; and
- Student transfer forms not received by the deadline; and
- Provider not registered with ODE/OEC.

3. Parental Consent Form

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 previous year's IEP;
- The current Evaluation Team Report of the multi-factored evaluation;
- The current IEP; and
- All progress reports from the previous year.

No student transfer form will be considered complete until this written consent is provided by the parent of the child applying for the transfer. Also, see guideline Section 1, part 6.

4. Written Confirmation

The parent must receive written confirmation from ODE/OEC that the student transfer application has been approved prior to the first day of December or March in any given school year for the student to transfer. The school district of residence will receive a copy of this approval letter.

Section 3

Withdraw from the Autism Scholarship Program

1. Null and Void Scholarships

If a parent whose child is receiving services in the Autism Scholarship Program chooses to withdraw from the program, they must **immediately** notify their school district of residence and ODE. Upon such notification, by the parent, to the school district of residence, the scholarship becomes null and void.

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

2. Withdrawal from the Autism Scholarship Program

If a parent withdraws their 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 re-admit 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 discretion to determine if any of these issues or circumstances exist or existed.
- If the withdrawal from the program did not involve health and/or safety issues or documented extenuating circumstances, the child is ineligible for reinstatement.
- If the child is not reinstated, the parent may reapply following the application process found in Section 1 of these guidelines.
- **Parents are required to meet their financial obligations to their Approved Registered Private Provider(s). Failure to meet those financial obligations could result in ODE/OEC withdrawing the parent/child from the Autism Scholarship Program.**

3. Provider No Longer Provides Services

If the other school district, the eligible public entity or the registered private provider that is the sole provider that is implementing the child's IEP in the Autism Scholarship Program notifies the department in writing that they will no longer provide special education and related services to the child for any reason, the child's scholarship will be revoked by ODE/OEC. The parent of the child may reapply by following the application process found in Section 1 of these guidelines.

Section 4

Payment under the Autism Scholarship Program

1. Amount of Scholarship

The amount of each scholarship is the lesser of the fee charged for the child by the Autism Scholarship Program provider(s) or \$20,000 per school year to provide special education and/or related services that implement the child's individualized education program (IEP). Services for which reimbursement is being made must be detailed in the student's IEP. Services not detailed in the IEP will not be reimbursed.

2. Payment Schedule

For the 2007-2008 school year, the ODE/OEC will make payments for each child who is participating in the Autism Scholarship Program based on submission of a Statement of Cost form. The payment checks will include the parent's name and the provider's name and will be mailed to the provider

- These funds will be issued within 30 days of receipt of the Statement of Cost form.
- Payment will not be made for any services rendered prior to ODE/OEC approval of the parent's Autism Scholarship Program application/affidavit.
- Payments will be made according to the schedule below:

2007-2008 School Year

Services Rendered	Statement of Costs Forms Due to ODE/OEC 1 st week of	Maximum Amount
July 1 – Sept. 30	October, 2007	\$7,000 *
Oct. 1 – Dec. 31	January, 2008	\$7,000 *
Jan. 1 – March 31	April, 2008	\$7,000 *
April 1 – June 30	July, 2008	\$7,000 *

* Total costs between July 1 and June 30 cannot exceed \$20,000 for each participating child

3. Statement of Cost

The provider(s) **must** complete and submit the Statement of Cost form to ODE/OEC for each payment period during which services were rendered under the Autism Scholarship Program. The Statement of Cost form must specify the following:

- Name of the student;
- Name, address, telephone number of the parent
- School district of residence and county;
- Name of the Autism Scholarship Program provider;
- Services rendered payment period;
- General description of the IEP services provided;
- Beginning and ending service dates;
- Costs of the services (not to exceed \$7,000 per quarter); and
- Provider and parent signatures. **(The parent signature indicates their approval and agreement of information listed on the Statement of Cost).**

(Please note that only IEP services rendered by an approved provider and their employees can be claimed on the Statement of Cost. No services can 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 2007-2008 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 Autism Scholarship Program and agrees to follow all of the program guidelines. The prospective provider is also required to list staff positions and credentials for each position relevant to the provision of IEP services.

2. **Current Providers**

Current approved registered providers must submit a new application to ODE/OEC prior to providing services in the Autism Scholarship Program for the 2007-2008 school year.

3. **Registration**

A private provider and all persons acting on behalf of, under the control of, or in connection with the private provider shall provide any information and assistance ODE/OEC reasonably deems necessary to determine that the requirements of the Autism Scholarship Program are met.

- At the date of registration, the provider **must** have been in operation at least one full school year.
- For the 2007-2008 school years, all 2007-2008 approved private providers and **new providers must** submit a completed application page, the signed affidavit, and the credential list.
- The private provider will be notified in writing if he/she is an approved registered provider by the ODE/OEC. -

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 is on ODE/OEC's list of approved registered private providers. **If a private provider delivers services prior to ODE/OEC's issuance of an approval letter for the 2007-2008 Autism Scholarship Program, those services will not be eligible for payment under the Autism Scholarship Program.** If the child transferred to a new provider, payment will not be made for any services provided to the child by the new provider prior to ODE/OEC's approval of the transfer application.

5. **Revocation**

If ODE/OEC, through an ORC Chapter 119 hearing, revokes the registration of a private provider, the parents and the 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, evaluate the child if the district suspects the child is a child with a disability and, if the child is determined eligible for services necessary, develop an Individualized Education Program (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 Autism Scholarship Program. For children whose parents are applying to the Autism Scholarship Program, the district develops the IEP as if the district of residence was going to implement the IEP. There should be no mention of the Autism Scholarship Program 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 Autism Scholarship Program. School age students must be specifically identified by the district of residence under the disability category of Autism and have a current and agreed to IEP to be approved for participation in the program. Preschool students, ages 3-5, require additional steps to be identified as autistic. 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 Autism Scholarship Program according to section 3301.41 of the Revised Code.

3. Application Approval

ODE/OEC will review new applications and will send the parent(s) a letter informing them if the application has been approved or denied. A copy of this letter will also be sent to the child's school district of residence.

Parents of children who have been approved for participation in the Autism Scholarship Program and are currently participating in the program are only required to sign and return the continuation/affidavit to the ODE/OEC to continue participation in each succeeding school year. The district assurance form is not required for these children.

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 Autism Scholarship Program. Children who have been approved to be in the program are not considered to be participating until they are approved and begin receiving services from their approved provider(s).

5. FAPE and Maintenance of the IEP

Districts are relieved of the requirement to provide a free and appropriate public education (FAPE) for any resident child approved and participating in the Autism Scholarship Program. Each school district of residence is responsible for initiating and conducting meetings for the purpose of developing, reviewing, and revising the IEP of a child with a disability on at least an annual basis. If the parents of a child participating in the ASP change their district of residence, the new district of residence, **within a reasonable amount of time**, (two to three weeks) assumes the responsibility for initiating and conducting meetings for the purpose of developing, reviewing, and revising the child's IEP. Parents are required to notify in writing both the old and new districts of residence and also ODE/OEC **immediately** if they change their district of residence.

6. Reporting Participating Students in the EMIS

Resident students who are participating in the ASP during the count week in October must be reported in the EMIS by the resident district in the same manner as other resident students. The Student Status should be coded as 'Z.' The student record requires the student to be reported with 100% of time and some attendance. This ensures these students are counted properly in the state funding. Students who enter the district after the October count week and who are participating in the ASP will be included in the district's ADM based on a manual adjustment made by ODE/OEC.

(Please note: ASP students will be counted in the district of residence's Average Daily Membership (ADM). The scholarship amount will then be deducted from the district.)

7. Transportation

Transportation responsibilities depend on Rule 3301-51-10 of the Ohio Administrative Code 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 registered private provider qualified to provide such transportation and claim it for reimbursement through the Autism Scholarship Program. 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 a registered private provider, the parent would be responsible for transporting the child to the registered private provider.
- If transportation is NOT listed on the IEP as a related service and the parent obtains services for their child through the Autism Scholarship Program from a nonpublic school that is chartered or operating under a letter of approval, the child is ONLY entitled to the same transportation being offered by the resident district to regular education students attending that nonpublic school, as required in ORC 3327.01.

Section 7

Reporting of Children in the Autism Scholarship Program

1. Provider Reporting

The private provider will provide regular progress reports to the parent and to the child's school district of residence. (Do **NOT** send a copy of these reports to ODE/OEC.) These reports must include the following:

- The child's progress toward the annual goals, and
- The extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year.

By the first day of each quarter of the school year, the provider will report to ODE/OEC the number of children who were in attendance and participating in the Autism Scholarship Program in a previous quarter, and who, as of the first day of the current quarter, are no longer in attendance nor participating in the program.

2. Parents Reporting to the Department

Parents are required to report the following changes in status:

- Parents must notify ODE/OEC, in writing, **immediately**, if they change residence and/or school district of residence.
- Parents must notify ODE/OEC, in writing, **immediately**, if they are adding an additional registered approved private provider.
- Parents must notify ODE/OEC, in writing, **immediately**, if there is a concern with their registered approved private provider.

3. Parent/District Responsibility

Parents are required to notify the district of residence of the following:

- Prior to the first day of participation in the Autism Scholarship Program, parents are required to inform the school district of residence that their child will begin receiving services in the Autism Scholarship Program.
- Parents are required to notify, in writing, the old and new districts of residence and ODE/OEC immediately, 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.)



APPENDIX A

**OHIO DEPARTMENT OF EDUCATION
AUTISM SCHOLARSHIP PROGRAM
(ASP)**

**PARENT APPLICATION
FOR THE 2007-2008 SCHOOL YEAR**

(FOR NEW APPLICANTS ONLY)



**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 month/day/year.
3. Enter the complete home address of the child, including city/state/zip code.
4. Enter the full name of the parent. Please check Mr. or Ms.
5. Enter the parent's home address, even if it is the same as the child's.
6. Enter the home telephone number, cell phone number, and work telephone number of the parent.
7. Enter the email address of the parent (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 Autism Scholarship Application gives the Ohio Department of Education consent to release information on the application regarding the applicant to the school district of residence or a legal representative of the resident district and/or to the approved registered private provider.
11. THE PARENTAL CONSENT FORM must be signed and submitted TO THE SCHOOL DISTRICT OF RESIDENCE and copied for the APPROVED REGISTERED PRIVATE PROVIDER and ODE/OEC for release of records and/or progress reports.
12. **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 and dated form from the school district of residence.**)
13. The parent application, PARENTAL CONSENT FORM and district assurance forms are to be mailed to the Ohio Department of Education, Office for Exceptional Children. No other documentation is required. (**Faxed copies will not be accepted.**)

Questions regarding the parent application process can be directed to Carolynn Head or Paul Sogan in the Office for Exceptional Children. Please call (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**

AUTISM SCHOLARSHIP PROGRAM
2007-2008 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. Ms. _____
(First Name) (MI) (Last Name)
5. Home Address _____
(Number & Street)

(City) (State) (Zip Code)
6. Home Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____
6. Work Telephone (_____) _____ - _____ Email _____
7. School District of Residence _____ County _____
8. Name and address of the approved and registered 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)

(PARENT SIGNATURE)

(DATE)

FOR ODE OFFICE USE ONLY

APPROVED _____

DENIED _____

APPROVAL DATE: ____/____/____

DENIAL DATE: ____/____/____

SIGNATURE _____
(ASSOCIATE DIRECTOR, OFFICE FOR EXCEPTIONAL CHILDREN)

**AUTISM SCHOLARSHIP PROGRAM
2007-2008 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/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)

1. ___ **Yes** ___ **No** This school age 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 (IDEIA), **OR**
2. ___ **Yes** ___ **No** This preschool child qualifies as a child with a disability and has a diagnosis that falls within the autism spectrum under the category of autism according to Rule 3301-103-03 (B)(2)(a)(b) & (c) of the Ohio Administrative Code, **and** this child has a birth certificate on file if he or she is not of compulsory school age, **OR**
3. ___ **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)
4. ___ **Yes** ___ **No** This child is eligible for special education services for the current 2007-2008 school year.
5. ___ **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.
6. ___ **Yes** ___ **No** This child was included in the district's **most recent** EMIS October student count.
7. ___ **Yes** ___ **No** There **are** administrative or judicial mediations or proceedings pending with respect to the content of the child's IEP.
8. ___ **Yes** ___ **No** The parent is a resident of the school district.
9. ___ **Yes** ___ **No** This child is currently enrolled or is eligible to enroll in this district.
10. ___ **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)



APPENDIX B

**AUTISM SCHOLARSHIP PROGRAM
(ASP)**

**PRIVATE PROVIDER REGISTRATION APPLICATION
2007 - 2008**

**THE AUTISM SCHOLARSHIP PROGRAM
PRIVATE PROVIDER REGISTRATION APPLICATION INSTRUCTIONS**

COMPLETE THIS SECTION 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 email address.
6. Enter the full name of the Executive Officer and/or owner operator.
7. Enter the printed name, signature, and title of the Executive Officer, along with the date. These items must be included on the application.

COMPLETE THIS SECTION 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 your business/home phone number including area code.
4. Enter the business fax number including area code.
5. Enter the business email address.
6. 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 in order 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 in order 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 can be directed to Carolynn Head or Paul Sogan in the Office for Exceptional Children. Please call (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**

AUTISM SCHOLARSHIP PROGRAM
2007-2008 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 and Street)

OH

(City) (State) (Zip Code) (County)

3. BUSINESS PHONE NUMBER: (_____) _____ - _____

4. FAX NUMBER: (_____) _____ - _____

5. EMAIL ADDRESS: _____

6. NAME OF EXECUTIVE OFFICER/OWNER/OPERATOR: _____

7. NAME OF PRIMARY CONTACT PERSON: _____

(Signature of Executive Officer/Owner/Operator) (Date)

(Title)

PRIVATE PROVIDER/SELF-EMPLOYED INDIVIDUAL INFORMATION

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

2. HOME/BUSINESS ADDRESS: _____ Apt. #: _____
(Number and Street)

OH

(City) (State) (Zip Code) (County)

3. HOME/BUSINESS PHONE NUMBER: (_____) _____ - _____

4. HOME/BUSINESS FAX NUMBER: (_____) _____ - _____

5. EMAIL ADDRESS: _____

(Signature) (Date)

(Title)

FOR ODE OFFICE USE ONLY

APPROVED _____

DENIED _____

APPROVAL DATE: ____ / ____ / ____

DENIAL DATE: ____ / ____ / ____

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

**AUTISM SCHOLARSHIP PROGRAM
2007-2008 PRIVATE PROVIDER REGISTRATION APPLICATION**

PRIVATE PROVIDER AFFIDAVIT

The Private Provider applicant swears or affirms:

1. 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.
2. The Private Provider applicant is Internet-based and/or is located within the boundaries of the state of Ohio.
3. The Private Provider applicant has a current copy of a criminal records check for all owners, all individuals employed by, 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 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.
5. 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 they will be providing, or if certification/licensure is not required, documented specialized training in autism.
6. The Private Provider applicant has, as demonstrated by a written statement by a certified public accountant, adequate liability, property and casualty insurance.
7. The Private Provider applicant has no outstanding claims, for recovery, from the Auditor of State.
8. The Private Provider applicant's 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. **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.**

**AUTISM SCHOLARSHIP PROGRAM
2007-2008 PRIVATE PROVIDER REGISTRATION APPLICATION**

PRIVATE PROVIDER AFFIDAVIT continued

9. The Private Provider applicant has sufficient capital or credit to operate during the 2007–2008 school year.

10. 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 American with Disabilities Act (ADA), Families Educational Rights and Privacy Act (FERPA), Rehabilitation Act of 1973, the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA) and Chapter 3323 of the Revised Code, per Rule 3301-103-07(A)(13) of the Administrative Code.

11. 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.

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

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: ____ / ____ / ____





APPENDIX C

**OHIO DEPARTMENT OF EDUCATION
AUTISM SCHOLARSHIP PROGRAM
(ASP)**

STATEMENT OF COST

**Autism Scholarship Program
Statement of Cost Instructions**

This form **must** be completed by the approved registered private provider or self-employed individual or public provider and then **signed by both the provider and parent.**

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 registered private provider or self-employed individual or public provider's name.
6. The approved registered private provider or self-employed individual or public provider **must** complete the "service provided" section. **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. (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**
7. The approved registered 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 registered 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, 2007 and began services with the provider on July 12, 2007. The first date of service would be July 12, 2007.)
9. The approved registered private provider or self-employed individual or public provider **must** complete the total cost of service (s).
10. **Both** parent and registered 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 South Front Street Mail Stop 203
Columbus, Ohio 43215

Questions or concerns regarding the Autism Scholarship Program or the Statement of Cost form can be directed toCarolynn Head, or Paul Sogan, at The Ohio Department of Education, 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 Name: _____ (First Name) _____ (MI) _____ (Last Name)

Parent Name: _____ (First Name) _____ (MI) _____ (Last Name)

Address: _____ (Street name and number) _____ (P.O. Box or Apt. Number) _____
 _____ (City) _____ OH _____ (State) _____ (Zip Code) _____
 _____ (School District of Residence and County)

Phone number: (____) _____ - _____

Private Provider or Self-Employed Individual's or Public Provider's Name: _____

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)

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 the service period below

	Services Rendered	Due Date	Max. Amount
_____	July 1 – Sept. 30	October 1, 2007	\$7,000
_____	Oct. 1 – Dec. 31	January 3, 2008	\$7,000
_____	Jan. 1 – March 31	April 1, 2008	\$7,000
_____	April 1 – June 30	July 1, 2008	\$7,000

Beginning Date of Service (s): ____ / ____ / ____

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: ____ / ____ / ____

AMOUNT REQUESTED: \$ _____ AMOUNT PAID: \$ _____

VERIFIED BY: _____

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.

