

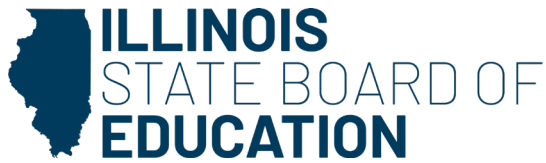
SPECIAL EDUCATION DEPARTMENT
FORM 34-43 INSTRUCTIONS:

School districts may seek reimbursement for costs of emergency and student-specific placements in residential facilities that have not been approved by the Illinois State Board of Education (ISBE) when no ISBE-approved facility accepted the student or no immediate placement in an ISBE-approved facility was available. This form and all required documents must be completed and submitted to 34_43Reimb@isbe.net prior to the placement for reimbursement to be considered. Allowable costs for tuition and room and board costs for students between the ages of 3 and 21 who are residents of the school district and have a parent other than a public agency will be considered for reimbursement under Section 5/14-7.02 of the School Code. No room and board reimbursements will be made for students who have reached age 22. The student must be entered into the IEP-Student Tracking and Reporting (I-Star) System per I-Star instructions. The entire form must be completed for the initial emergency and student-specific placements.

Use the instructions checklist below as a guide to complete this Form 34-43 Application. Please submit the completed checklist with this application.

PAGE	SECTION	SUBMISSION REQUIREMENT	PREPARER'S INITIALS
Page 3	Section I	Check appropriate box for application (Initial/Continuing). Provide projected start date for Initial Application.	
		Provide facility information.	
		Confirm all contact information is correct for resident district.	
		Confirm Student Information System (SIS) number and RCDT code for resident district is correct.	
		Confirm all student information is correct (i.e., gender, birthdate, primary disability, secondary disability, and tertiary disability [if applicable]).	
		Complete Illinois Department of Children and Family Services (DCFS) Interstate Compact if the student is under 18 years of age, being placed out of state, and this is an Initial Application.	
		Verify that parent/guardian(s) were informed about the option to place the student in state prior to placing out of state.	
Page 4	Section II	Provide history of prior placement.	
Page 5	Section III	Verify services in the current/most recent placement.	
		Verify services that are being requested for residential placement.	

Page 6		Note other services, as appropriate.	
	Section IV	Verify dates of most recent evaluations and Individualized Education Program (IEP) annual review. Also include date of IEP meeting during which residential placement was recommended.	
Page 7	Section V	Verify outside agencies that were contacted.	
Page 8	Section VI	Complete narrative per instructions and attach/submit with the Form 34-43 application. (Follow directions for Initial, Initial and Continuing, and/or Continuing as appropriate.)	
Pages 8 & 9	Section VII	Complete Reintegration Plan per instruction and/or attach/submit with the Form 34-43 application.	
Page 9	Section VIII	For Continuing applications, complete the Past Application Approval documentation form noting the date, participants, and description of the activity.	
Page 10	Section IX	Complete spreadsheet per the application instructions. Attach/submit spreadsheet with Form 34-43 Application. (<i>NOTE:</i> It is helpful to have the list in alphabetical order according to facility name.)	
	Section X	Complete all items in the Satisfactory Proof section on page 10 of this document and attach/submit with the Form 34-43 Application.	
	Section XI	For both Initial and Continuing Applications, submit a calendar for any school year or summer session that might be covered by the approval (possibly one year from start date).	
Page 11	Section XII	Complete additional facility contact information and provide per diem rates for room and board, tuition, and any other fees charged to the district by the residential facility.	
Pages 11 & 12	Section XIII	Verify Assurances and include signatures of the district superintendent and state-approved director of special education.	
		Complete contact information for district superintendent and state-approved director of special education.	



100 North First Street, N-253
Springfield, Illinois 62777-0001

APPLICATION FOR ROOM AND BOARD
REIMBURSEMENT OF EMERGENCY AND
STUDENT-SPECIFIC PLACEMENT IN A NON-
APPROVED RESIDENTIAL FACILITY

SPECIAL EDUCATION DEPARTMENT

☐ Initial 34-43 Application Start Date: _____

☐ Continuing Application

SECTION I: IDENTIFICATION

NAME OF STUDENT (LAST NAME / FIRST NAME - <i>Do not use nicknames.</i>)		SIS NUMBER
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (MM/DD/YY)	REGION, COUNTY, DISTRICT, TYPE CODE
RESIDENT DISTRICT NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)		
NAME AND TITLE OF CONTACT PERSON AND LOCATION		TELEPHONE NUMBER (Include Area Code)
		EMAIL OF CONTACT PERSON
RESIDENTIAL FACILITY NAME AND ADDRESS		RESIDENTIAL FACILITY TELEPHONE NUMBER
EDUCATIONAL FACILITY NAME AND ADDRESS (if different from above)		EDUCATIONAL FACILITY TELEPHONE NUMBER

Use the codes below to indicate the disability(ies) of the student. This information should be the same as on I-Star.

Primary Disability (i.e., the disability that has the most adverse impact on the education of the student) _____ Secondary Disability, if identified _____ Tertiary Disability, if identified _____

DISABILITY KEY

A = Intellectual Disability	F = Hearing Impairment	K = Emotional Disability	O = Autism
C = Orthopedic Impairment	G = Deafness	L = Other Health Impairment	P = Traumatic Brain Injury
D = Specific Learning Disability	H = Deaf-Blindness	M = Multiple Disabilities	
E = Visual Impairment	I = Speech and/or Language Impairment	N = Developmental Delay	

Out-of-State Placement Applications: Has a DCFS Interstate Compact been initiated for an Initial Out-of-State Application if the student is under the age of 18?

☐ Yes ☐ No Email for Compact is DCFS.InterstateCompactGeneral@illinois.gov.

Initial or Continuing Out-of-State Placement for all Students – complete the following:

☐ Yes ☐ N/A For a child who is placed in an out-of-state special education residential facility: Prior to the placement, has the school district made the child and/or the parent/guardian aware of the option to place the child in a special education residential facility located within the state, if any, that provides treatment and services comparable to those provided by the out-of-state special education residential facility?

ISBE USE ONLY

Additional Notes:

SECTION II: PLACEMENT INFORMATION

HISTORY OF SERVICES PROVIDED. Use the chart below to indicate the educational setting(s) in which the student has been placed for the last two school years. Begin at the top of the chart with the most recent placement. Indicate the primary disability code (see Disability Key in Section I) and the educational environment (EE) code. Enter the beginning and discontinued dates for each EE. Leave the disability code blank if the student was not identified as eligible for special education and was placed in regular education. If a two-year history is not available, please enter the date and month/year when the student entered the district.

Month

Year

	DISABILITY CODE (Key on pg.1)	EE CODE (Key at Right)	Beginning Date		Discontinued Date	
			Month	Year	Month	Year
Most recent placement:	_____	_____				
	_____	_____				
	_____	_____				
	_____	_____				
	_____	_____				
	_____	_____				
	_____	_____				
	_____	_____				
	_____	_____				
	_____	_____				
	_____	_____				
	_____	_____				

EDUCATIONAL ENVIRONMENT CODES AND BRIEF DESCRIPTION KEY

For additional details, see EE codes in [“Students with Disabilities Data Collection and Approval Instructions For Use with I-Star” manual](#).

- 01 = Sp. Ed. 80% or more of day inside regular classroom
- 02 = Sp. Ed. 40-79% of day inside regular classroom
- 03 = Sp. Ed. less than 40% of day inside regular classroom
- 04 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities
- 05 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities in conjunction with a student's placement in a residential facility
- 06 = Philip J. Rock Center and School
- 07 = Detention center or jail
- 08 = Private day or out-of-state public day program
- 09 = Private residential in-state
- 10 = Private residential out-of-state
- 11 = Homebound instructional program
- 12 = Hospital instructional program
- 13 = Illinois School for the Deaf (ISD)
- 14 = Illinois School for the Visually Impaired (ISVI)
- 15 = Illinois Center for Rehabilitation and Education
- 16 = Department of Human Services
- 17 = Full-time program designed for children without disabilities with all sp. ed. delivered in that setting (Age 3-5)
- 18 = Full-time sp. ed. in program designed for children with disabilities housed in community-based settings (Age 3-5)
- 19 = Part-time sp. ed. provided at home or in programs designed for children without disabilities and part-time sp. ed. provided in programs designed for children with disabilities (Age 3-5)

SECTION III: SERVICES INFORMATION

SERVICES PROVIDED IN MOST RECENT PLACEMENT: (This includes hospital instructional program, if applicable.) Use the keys below to indicate the services and amount of time provided on a weekly basis in the most recent placement described in Section II. List services in order of importance.

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REQUESTED SERVICES: Use the keys below to indicate the services and amount of time these are to be provided each week by the requested residential placement. This information should be in the student's current IEP.

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RELATED AND OTHER SERVICES KEY

- | | |
|--|--|
| 01 = Adapted Physical Education | 19 = Physical Therapy |
| 02 = Aide - Class | 20 = Psychiatric Services |
| 03 = Aide - Individual Student
(Note if 16 or 24 hours.) | 21 = Recreation |
| 04 = Art Therapy | 22 = School Health Services |
| 05 = Audiology | 23 = Speech/Language Services |
| 06 = Brailist/Reader | 24 = Social Work Services |
| 07 = Counseling Services
(Indicate whether individual or group) | 25 = Transportation (Special) |
| 08 = Consultant Services | 26 = Career and Technical Education |
| 09 = Adapted Driver Education | 27 = Transition/STEP by Division of
Rehabilitation Services |
| 10 = Interpreter Services | 28 = Behavioral Intervention Plan |
| 11 = Assistive Device | 29 = Competitive Employment |
| 12 = Music Therapy | 30 = Travel Training |
| 13 = Occupational Therapy | 31 = Acquisition of Daily Living Skills |
| 14 = Outdoor Education | 32 = Supported Employment |
| 15 = Orientation and Mobility | 33 = Supports for Transition to
Postsecondary Education |
| 16 = Other Related Services (See next page.) | 34 = Interagency Linkages |
| 17 = Parent Counseling | |
| 18 = Psychological Services | |

AMOUNT OF TIME KEY

- | | |
|---|---|
| 0 = Less than 1 hour | 5 = 5 hours or more but less than 6 hours |
| 1 = 1 hour or more but less than 2 hours | 6 = 6 hours or more but less than 7 hours |
| 2 = 2 hours or more but less than 3 hours | 7 = 7 hours or more but less than 8 hours |
| 3 = 3 hours or more but less than 4 hours | 8 = 8 hours or more but less than 9 hours |
| 4 = 4 hours or more but less than 5 hours | 9 = 9 hours or more |

OTHER SERVICES

Use this space to describe other services (code 16) indicated in Section II, including services provided by other agencies in cooperation with the school program. Attach additional pages, if needed. Number of pages attached for this section is _____.

OTHER SERVICES	DESCRIPTION OF SERVICES	OTHER AGENCY(IES) (If applicable)

SECTION IV: IEP AND EVALUATION DATES

Month	Day	Year	
_____	_____	_____	Date of the most recent Eligibility/Evaluation/Re-evaluation Conference. - REQUIRED
_____	_____	_____	Dates of supplemental evaluations (if applicable) – specify type:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	The district must determine at least annually that the placement continues to be appropriate for the student. Therefore, please list the date of the most recent IEP meeting that recommended this residential placement be made. - REQUIRED
_____	_____	_____	If different from above, most recent IEP Annual Review date.

SECTION V: AGENCY CONTACT

AGENCIES CONTACTED

The district must show appropriate contacts with state or local agencies, including, but not limited to, those listed below that provide community support programs and services to students and their families. **Applications that do not show evidence that consideration was given to the appropriate services potentially available will be returned for further clarification. Attach additional pages as necessary and indicate the number of pages attached for this section _____.**

Use the codes provided in the key below to indicate the department(s) and agency(ies) contacted. Check the appropriate box(es) below to indicate services/assistance provided. Explain the results of all contacts and any resulting financial assistance. Copies of all correspondence regarding agency contacts, district requests, and agency responses should be maintained at the district level and **are subject to review upon request.**

DEPARTMENT/AGENCY KEY

A = Department of Public Aid	K = Local Mental Health Center
B = Department of Human Services	L = Local Youth Services Provider
C = Department of Children and Family Services	M = Local Recreation Services Provider
F = Department of Corrections	N = Local Substance Abuse Services Provider
G = County Probation Agency	O = Private Counseling Service
H = Department of Public Health	P = State Psychiatric Hospital/Zone Center
I = Division of Specialized Care for Children	Q = Other State/Local Agency
J = Community and Residential Services Authority	

If more space is needed, please attach additional page(s).

_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:
_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:
_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:
_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:
_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:

SECTION VI: NEED FOR PRIVATE RESIDENTIAL PLACEMENT — REQUIRED NARRATIVE

Initial Application Only

Please provide a narrative that includes a chronological description of the antecedents to the IEP recommending residential placement. This narrative should minimally include specifics related to the following and should describe of the efforts taken to alleviate the adverse impact of the student's disability:

- The student's educational history from initial entry into school to the present time. This history should include the types of placements that the student has entered, the successes or failures of these placements and the reasons for any failures, the student's academic strengths and weaknesses, a specific description of any behavioral incidents, and any other issues/concerns over the years of school enrollment and a description of actions initiated to remediate these issues/concerns.
- The student's non-educational or social history, including information on the composition of the family and any issues/concerns in the home/community.
- The student's physical health and any identified issues/concerns.
- The student's psychological or emotional health and any identified issues/concerns. This includes information related to any psychiatric hospitalizations and the resulting diagnoses or findings.
- The student's involvement with the courts or other agencies.

Initial and Continuing Applications

All applications must include the following information:

- The student's current levels of educational performance, including information related to functional grade level, achievement testing results, IQ test results, etc.
- A description of the nature or type of program and services to be provided in the residential placement that the school district is unable to provide this student in order to ameliorate the adverse effects of the disability.

Continuing Applications Only

If at the time of an IEP review the student is unable to return to his/her home school, there must be clearly stated specific reasons why the student cannot be appropriately educated locally. Applications for continuing placements subsequent to the initial year of approval for room and board reimbursement must include a description of the continuing issues/concerns/adverse effects that necessitate the continuation of the residential placement, including specific descriptions of the progress or lack thereof in the placement over the year of the approval for room and board reimbursement.

SECTION VII: REINTEGRATION PLAN

Private residential placement for educational reasons is considered a temporary placement for the purpose of allowing a student to be in an atmosphere in which he/she can adjust and align with the usual expectations for students. It is expected that specific outcomes will be targeted and met within the timeframe of the approval for room and board reimbursement. It is further expected that placement will be short-term as opposed to custodial care. Therefore, plans for reintegration must be made in order to accomplish a smooth transition from the residential placement back into home school/community life.

A Reintegration Plan must be initiated for a student's eventual return to the school district/community even though his/her progress in the residential facility cannot be entirely predicted. This plan must be reviewed and updated at least annually and, for Continuing Applications, must state what parts of the prior plan have been initiated/completed and what parts continue or need to be revised.

The Reintegration Plan should be detailed as to the specific steps to be taken by the district over the timeframe of the reimbursement approval that will allow for the return and continuing support of the student in the community and schools. Timelines should be attached to specific activities that need to be completed with approximate dates for each of the regular (i.e., monthly) contacts. The plan should include the agencies that need to be contacted for either student or parent/guardian referral purposes, any needs in the school district to be addressed in order to allow the student to return, and the steps to be taken to minimize the adverse effects and to support the student and his/her family in the transition process and/or alternative living arrangements. The plan should finally include information as to the educational setting to which the student is expected to return.

REINTEGRATION PLAN – Complete for Requested Application Period

Use the Reintegration Plan form to complete this section for all applications for the upcoming year or application period (if different). (For students 18 through 21 years of age, please note community resource connections that have been completed with the student's home community in preparation to transition to post-school services.)

ANTICIPATED DATE/ TIMELINE OF ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY

ANTICIPATED DATE/ TIMELINE OF ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY

SECTION VIII: REINTEGRATION PLAN — CONTINUING APPLICATIONS

REINTEGRETION PLAN – Past Application Approval Documentation

In addition to the Reintegration Plan proposal for the future, districts applying for a Continuing Application are required to complete the following chart demonstrating the proposed plan from the previously approved Form 34-43 Application and the timelines for the completion of the reintegration tasks as noted in that application. (Please complete the chart with the activities that were approved on the previous Form 34-43 Application and provide the details below.)

ANTICIPATED DATE/ TIMELINE OF ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY

SECTION IX: GOOD FAITH EFFORT

DOCUMENTATION THAT NO APPROVED FACILITY ACCEPTED THE STUDENT OR NO IMMEDIATE PLACEMENT AVAILABLE

For Initial Applications: The district must complete and attach an Excel spreadsheet to demonstrate its good faith efforts to locate a placement in a facility approved under 23 Ill. Admin. Code 401 but no facility accepted the student or no immediate placement was available. The spreadsheet must contain the following:

- Name of facility (must match the name as listed in the Private Facility search engine and placed in alphabetical order)
- Facility address
- Facility contact name and number/email
- Date(s) of contact
- Method of contact
- First and last name of person who made contact
- If no referral packet sent, provide detailed explanation of why the referral packet was not sent
- Date referral packet sent
- Reason student not accepted
- If accepted, anticipated date of placement or waitlist length
- Additional notes

Every Three Years: At least every three years following the student's placement, the IEP team will review appropriate ISBE-approved placements to determine if there is any approved placement that can meet the student's needs, has accepted the student, and has availability for placement for the student. The district must attach an updated Form 34-34 to demonstrate its good faith efforts to locate placement in a facility approved under 23 Ill. Admin. Code 401, but no facility accepted the student or no immediate placement was available.

SECTION X: SATISFACTORY PROOF

SATISFACTORY PROOF

The district must attach a narrative with a statement to demonstrate each of the following:

1. THE FACILITY DEMONSTRATES APPROPRIATE CERTIFICATION OF TEACHERS FOR THE STUDENT POPULATION. Describe how the district has verified that the teachers are certified for the student population it serves. ISBE reserves the right to ask for documentation.
2. THE FACILITY DEMONSTRATES AGE-APPROPRIATE CURRICULUM. Describe the facility's curriculum and its appropriateness to the specific student. This description should also include how academic assessments administered by the nonpublic facility to the student are the same as those administered to other individuals served in the program who are of approximately the same age.
3. THE FACILITY PROVIDES ENROLLMENT AND ATTENDANCE DATA. Describe how the facility will provide enrollment and attendance data to the district.
4. THE FACILITY DEMONSTRATES THE ABILITY TO IMPLEMENT THE CHILD'S IEP. Describe how the facility will implement the entirety of the child's IEP. Specifically describe how the special education and related services will be provided
5. THE RESIDENTIAL FACILITY DEMONSTRATES THAT THE FACILITY IS PROVIDING SPECIAL EDUCATION SERVICES ITSELF PER THE REQUIREMENTS of 23 Illinois Administrative Code 226.330(g), which states "A school district may place a student in a nonpublic special education facility ("facility") providing *educational services* ..."

SECTION XI: CALENDAR

CALENDAR: The district must submit a copy of the facility's school calendar and, if fewer than 365 days, the facility's residential calendar. Calendars are necessary for the calculation of reimbursement. Please include all calendars applicable for a one-year period.

CALENDAR (Continuing Applications): If available, submit the facility's school calendar for the following school year and, if fewer than 365 days, the facility's residential calendar for the following school/residential year.

REIMBURSEMENT: Reimbursement for allowable room and board and tuition costs will be subject to the same proration methodology as is applied to reimbursement for rates determined under 5/14-7.02. The Illinois Purchased Care Review Board has the authority to request additional information for the purposes of determining a per diem and may also decline the reimbursement of non-allowable costs.

SECTION XII: ADDITIONAL FACILITY CONTACT INFORMATION

The following contact information must be submitted as part of the process to establish rates for private facilities that are not approved by ISBE. This information is necessary for the district to claim reimbursement.

OFFICIAL NAME OF THE NONPUBLIC PROGRAM		TELEPHONE NUMBER (Include Area Code)	
SITE ADMINISTRATOR		TITLE	SITE ADMINISTRATOR EMAIL ADDRESS
ADDRESS(ES) (Street, City, ZIP Code)			COUNTY
NAME AND TITLE OF CONTACT PERSON AND LOCATION		TELEPHONE NUMBER (Include Area Code)	EMAIL OF CONTACT PERSON
OPERATING OR SPONSORING ORGANIZATION (IF APPLICABLE)			TELEPHONE NUMBER (Include Area Code)
CHIEF EXECUTIVE OFFICER NAME		CHIEF EXECUTIVE OFFICER EMAIL ADDRESS	
ADDRESS (Street, City, ZIP Code)			
CONTACT INFORMATION FOR INDIVIDUAL RESPONSIBLE FOR BILLING AND RATE INFORMATION			
TUITION PER DIEM \$	ROOM AND BOARD PER DIEM \$	OTHER (Specify) \$	

SECTION XIII: ASSURANCES

The district hereby assures that:

- (i) The district made good faith efforts to locate placement in a facility approved pursuant to 23 Ill Admin Code 401 and no approved facility accepted the student or no immediate placement was available.
- (ii) The nonpublic facility demonstrates satisfactory proof of the following:
 - The nonpublic facility offers an age-appropriate curriculum and services are delivered in an age-appropriate setting.
 - The nonpublic facility has appropriate licensed teachers and related service personnel for the student.
 - The academic assessments administered by the nonpublic facility to the student are the same as those administered to other individuals served in the program who are of approximately the same age.
 - The nonpublic facility has the ability to implement the student's IEP.
 - The nonpublic facility will submit attendance records to the district. The district will provide ISBE a copy of the attendance records upon request.
- (iii) The district provided ISBE a copy of the nonpublic facility's school calendar for the academic year of placement. (See Section XI on page 10 of this document.)
- (iv) The district agrees to enter the student information into the I-Star data system.
- (v) The district is aware of the room and board and tuition costs to be charged by the nonpublic facility and understands that reimbursement is dependent on a per diem rate first being established by the Illinois Purchased Care Review Board. Further, the district understands the Illinois Purchased Care Review Board reserves the right to place limits on costs above and beyond what is reasonable for the placement.
- (vi) The district has made the parent/guardian of the affected student aware that the facility above is not approved pursuant to 23 Ill. Adm. Code 401; therefore, the facility is not required to follow Illinois Law or Administrative Rules, and the State Board of Education has no oversight or authority to investigate complaints made against the facility.
Date parent was informed: _____
- (vii) The district understands that ISBE does not monitor safety and health concerns that arise in the facility of a non-approved residential program and will not be responsible if the student's safety and health are compromised. The district accepts responsibility for the student while placed in the nonapproved facility and does not hold the State Board of Education responsible for any liability associated with any safety and health concerns that arise due to the student's placement in this nonapproved facility.
- (viii) The district has submitted this form and corresponding documents. The district understands that failure to submit all documents will exclude the district from receiving reimbursement. The district understands that reimbursement for allowable room and board and tuition costs will be subject to the same proration methodology as is applied to reimbursement for rates determined under 5/14-7.02.
- (ix) The district has verified that the residential facility can demonstrate that the facility itself is providing special education and can meet the requirements of 23 IAC 226.330(g)(1)-(5) that states "A school district may place a student in a nonpublic special education facility ("facility") providing educational services..."

This form must be signed by both the superintendent of the school district where the student's parent or guardian resides and the state-approved director of special education responsible for the district. Signing the form attests to the accuracy and validity of the information contained within the application.

We, the undersigned, do hereby declare that the foregoing statements of assurance and information provided within this document and its attachments are true to the best of our knowledge and belief.

District Superintendent

NAME OF DISTRICT SUPERINTENDENT (Please type or print the name.)	TELEPHONE NUMBER (Include Area Code)
ADDRESS (Street, City, ZIP Code)	EMAIL ADDRESS

Date

Signature of District Superintendent

State-Approved Director of Special Education

NAME OF STATE-APPROVED DIRECTOR OF SPECIAL EDUCATION (Please type or print the name.)	TELEPHONE NUMBER (Include Area Code)
IF A MEMBER OF A JOINT AGREEMENT/SPECIAL EDUCATION COOPERATIVE, NAME OF COOPERATIVE:	
ADDRESS (Street, City, ZIP Code)	EMAIL ADDRESS

Date

Signature of State-Approved Director of Special Education