

WEST VIRGINIA DEPARTMENT OF EDUCATION-OFFICE OF SPECIAL PROGRAMS
1900 Kanawha Boulevard, East / Building 6 / Room 304, Charleston, WV 25305
APPLICATION FOR REIMBURSEMENT OF EXPENSES
FROM THE HIGH COST /HIGH ACUITY EXPENDITURE FUND - FY 2012

(In district high cost - Complete pages 1, 2, 3, 4, 5 and 7 according to directions)
(Court ordered out-of-state - Complete pages 1 and 6, and attach documentation of participation in IEP - see example on page 8)

Part I -

Project Period (or Semester)

July 1, 2011 - December 31, 2011
January 1, 2012 - June 30, 2012

Due Date

February 18, 2012
July 30, 2012

Part II-General Information

Student Name: _____

D.O.B. _____

- 1) Name of County School District _____
- 2) Address _____
- 3) Telephone Number _____
- 4) Name of Superintendent: _____
- 5) Name of Special Education Director: _____

Part III - Certification

We, the undersigned superintendent and special education director, have reviewed this application and hereby certify that, to the best of our knowledge, the information contained herein is complete and accurate. We further certify that no other funds are available to support the costs described herein and that all criteria for district participation as specified in the Plan has been met.

Signature: _____ Date: _____
Superintendent

Signature: _____ Date: _____
Special Education Director

Part V. Supporting Documentation (In district High Cost) Attach IEP and all support for amounts claimed.

Part VI. Total Reimbursement Due to County - Students Receiving Special Education and Related Educational Services In District Public School

Student Name: _____ 0 _____

County: _____ 0 _____

1 Total Expenses Submitted (Sum of personnel and other expenditures from above sections)*

(Note: Documentation to substantiate all expenses submitted must be attached in accordance with application directions.)

\$ _____

2 Amount of Medicaid Reimbursement Due for this Student for Application Period Checked Above**

3 Average State Aid Per Pupil (Semester)

_____ \$1,870.00

4 Total Expenses Eligible for Reimbursement (Line 1 minus lines 2 and 3)

\$ _____ (1,870.00)

To be completed by the Office of Special Programs, Extended and Early Learning

5 Total Amount Eligible for Reimbursement (Line 4)

\$ _____ (1,870.00)

6 Total Amount of Requests Received from All Counties

7 Prorated Award Percentage (if total requests exceed available funds)

8 Award Amount (Line 4 unless requests exceed available funds- then line 4 multiplied by line 6)

*Minimum expenditure criteria = \$32,100 per year. Please complete the attached annualization of costs to support \$32,100 minimum required. Also, please complete this section if the minimum expenditure criteria is met, but is due to a one-time purchase during that project period (e.g. assistive technology device).

** Medicaid Amounts Verified _____ (by OSP)

Part V. Supporting Documentation (OOS) (Verification of LEA participation in IEP Team meeting must be attached-see example on page 8)

Part VI. Total Reimbursement Due to County - Students Placed In Out-Of-State Facility Through The Court System

Student Name: _____ 0 _____

County: _____ 0 _____

1 Total Expenses Submitted FY12 Semester _____ \$10,600.00

2 Average State Aid Per Pupil (Semester) _____ \$1,870.00

3 Total Expenses Eligible for Reimbursement (Line 1 minus line 2) _____ \$8,730.00

To be completed by the Office of Special Programs, Extended and Early Learning

4 Blank (not applicable) _____

5 Total Amount Eligible for Reimbursement (Line 3) _____ \$8,730.00

6 Total Amount of Requests Received from All Counties _____

7 Prorated Award Percentage (If total requests exceed available funds) _____

8 Award Amount (Line 5 unless requests exceed available funds- then line 5 multiplied by line 6) _____

PART V. Supporting Documentation

WEST VIRGINIA
DOCUMENTATION OF LOCAL EDUCATIONAL AGENCY (LEA)/
DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR)
PARTICIPATION IN INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING FOR OUT-OF-STATE STUDENT
Must be included with the student's IEP to receive special education reimbursement.

Sample actual

Name of Student: _____
Date of Birth: _____
West Virginia Local Educational Agency: _____
West Virginia LEA Representative(s): _____
West Virginia DHHR Representative(s): _____

Date of IEP Team Meeting: _____
Date draft IEP provided to LEA before the IEP Team Meeting: _____

LEA IEP Team Participation: _____
Document the type of attendance at the IEP Team meeting

- IEP Team meeting (on-site)
- Phone Conference
- Correspondence
- Other _____

Written Affirmation of Participation of the LEA/DHHR:

WV LEA Participant Signature: _____ Date: _____
Out-of-State School Representative: _____ Date: _____
WVDHHR Participant Signature: _____ Date: _____

Return to:
Debbie Ashwell, Coordinator
Office of Special Programs (OSP)
West Virginia Department of Education
1900 Kanawha Boulevard, East, Building 6
Charleston, WV 25305-0330