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| **GRANT FOR RESIDENTIAL AND REINTEGRATION SERVICES**  **Georgia Department of Education** Division for Special Education Services and Supports |

**The application submission deadline is February 15th.**

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| **SYSTEM: School Year: 201 - 201** | | | | | |
| System Contact: | | Phone:  Email: | | | |
| [ ] Initial  [ ] Continuation | | [ ] Parent Custody  [ ] Ward of the State | | | |
| Student's Name: | | | | Date of Birth: | |
| The Student's Primary Disability: | | | | | |
| Father's/Guardian’s/Surrogate’s Full Name: | | | Mother's/Guardian’s/Surrogate’s Full Name: | | |
| Home Address: | | | | | |
| (Street) (City/State) (Zip) ( Phone) | | | | | |
| **Private Residential School Name:**  Phone: | | | | | |
| **For an out of state school:** Submit documentation that school is on the approved list for the state in which it resides. | | | | | |
| Address: | | | | | |
| Contact Person: | | | | | |
| Provide the specific cost breakdown for services provided by the private residential school. Total cost of over $30,000 should be used as the minimum to be considered in the application. **Invoices required.** | | | | | |
| Special Education Services | | | | $ day/month | |
| Related Services | | | | $ day/month | |
| Room and Board | | | | $ day/month | |
| TOTAL COST OF RESIDENTIAL PLACEMENT | | | | $ day/month | |
| $\_\_\_\_\_\_\_\_\_\_/Month X \_\_\_Months OR $\_\_\_\_\_/Day X \_\_\_\_ Days  Need actual months or days served for educational program only | | | | $ | |
| List source and amount of third-party funds (ex. Health insurance, Medicaid) to be utilized or indicate **NONE** if no third party funds used):  Source: Amount: $ | | | | | |
| BEGINNING DATE: ENDING DATE:  **NOTE:** These dates are necessary for calculating total cost of service and should be between July 1 and June 30**.** | | | | | |

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| **INITIAL APPLICATION** Complete the following information for initial residential placement. Describe the programs, intervention, and length of time in which the student participated. (Refer to Instructions for descriptions of categories below) | | | |
| **PROGRAM SERVICES** | **INTERVENTION** | | **LENGTH OF PLACEMENT (S)** |
| Public School Programs: |  | |  |
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| Regional Programs/ Shared Services: |  | |  |
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| State-supported Programs: |  | |  |
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| **CONTINUATION APPLICATION** Complete the following information for continuing residential placement. Describe the programs and length of time in which the student previously participated. Report the date of the student’s initial placement into a residential program. | | | |
| In State: | |  | |
| Out of State: | |  | |
| **Date of initial residential placement:** | | | |
| The student cannot be appropriately served in a:  [ ] school system [ ] regional program, or [ ] state-supported program.  **All three must be checked before a grant for a private residential program will be considered.**  If the residential program is out of state, describe your efforts to find an in state program. | | | |
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| Describe the specific needs of the student for placement in a private residential program. This must be documented in the placement minutes and/or the IEP. | | | |
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| **List the date(s) the system visited the residential program:** | | | |

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| EXTENDED SCHOOL YEAR Complete this section if the IEP dates for services exceed nine school months or 180 days. |

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| 1. Describe the need for extended year funding beyond 180 days. Attach a copy of the IEP placement minutes developed to meet the student’s extended year needs. | |
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| 2. Provide an explanation of how the requested days will meet the identified needs in the private residential school. | |
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| **REINTEGRATION PLAN**  **Required for ALL students**  Plan for transitioning the student into a less restrictive environment. |

Date Developed;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Describe the plan for moving the student toward a less restrictive, in-community or day program. (Include the involvement of other public and/or private agencies in this transition.) | |
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| 2. Describe the specific timeline for this plan. | |
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| 3. Describe the plan for assisting the student’s parents in the development of the necessary skills for this transition. | |
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| **ASSURANCE STATEMENT**  **GRANT FOR RESIDENTIAL AND REINTEGRATION SERVICES** |

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| **IF THIS GRANT APPLICATION IS NOT APPROVED, I UNDERSTAND THAT THE SYSTEM IS RESPONSIBLE FOR ALL THE COSTS FOR SERVICES STATED IN THE STUDENT’S IEP.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Superintendent Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School System |