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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 \_\_\_\_ DaysNeed 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 YEARComplete 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 |