## WEST VIRGINIA DEPARTMENT OF EDUCATION

**DIVISION OF FEDERAL PROGRAMS & SUPPORT, SPECIAL EDUCATION**

**Charleston, West Virginia 25305**

**28-02-11**

**APPLICATION FOR REIMBURSEMENT FOR THE EDUCATION OF**

**STUDENTS WITH EXCEPTIONALITIES PLACED IN COUNTY BY OTHER STATE AGENCIES**

**(OUT OF COUNTY REIMBURSEMENT)**

**FY-24**

The applicant designated below hereby applies for reimbursement for special education and related service needs of eligible students with exceptionalities placed in the county by other state agencies as set forth in this application.

**PART I - GENERAL INFORMATION** (to be completed by County School District)

1. **APPLICANT INFORMATION**

 1. Name of LEA:

 2. Address:

 a. Number and Street:

 b. City: State: Zip Code:

 3. Email Address:

 4. Name of Special Education Director:

1. **CERTIFICATION**

 I, the undersigned superintendent, have reviewed this application and hereby certify that, to the best of my knowledge,

 the information contained herein is complete and correct.

 Signature:

 LEA Superintendent Signature Date

**OUT OF COUNTY REIMBURSEMENT – FY 2024 (Duplicate this page as needed)**

**PART C: STUDENT INFORMATION FY24 LEA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s WVEIS #** | **Last Known County of Residence** | **Placement Option/ Exceptionality** | **Placing State Agency (DHHR or DOJ)** | **Name of Facility (i.e. list Foster Home for private home, if applicable, or provide name of Shelter/Residential Facility, Etc.)** | **Beginning Date of Educational Services** | **Ending Date of Educational Services** | FTE | **Location of Services Provided (Name of School in which student is now/was enrolled in your county)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**OUT OF COUNTY REIMBURSEMENT**

**PART II - BUDGETARY REIMBURSEMENT**

  **FY-24**

**COUNTY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1. | Public School Support ProgramBasic State Aid Allowance on a Per Pupil BasisBased on the Final Computations for the 2023-2024 Year*“Total Allowance Per Pupil 2023-2024” Amount* | $ |
| 2. | Total FTE of eligible out of county students with exceptionalities (computed from students reported in Part I) |  |
| 3. | Total due county (# 1 multiplied by # 2) | $ |

**F.T.E. COMPUTATIONS**

Student Served From:

|  |  |  |  |
| --- | --- | --- | --- |
| 1 day  | to  | 1 mo. =  | 0.1 FTE |
| 1 mo. & 1 day  | to  | 2 mos. = | 0.2 FTE |
| 2 mos. & 1 day  | to  | 3 mos. =  | 0.3 FTE |
| 3 mos. & 1 day  | to  | 4 mos. =  | 0.4 FTE |
| 4 mos. & 1 day  | to  | 5 mos. =  | 0.5 FTE |
| 5 mos. & 1 day  | to  | 6 mos. =  | 0.6 FTE |
| 6 mos. & 1 day  | to  | 7 mos. =  | 0.7 FTE |
| 7 mos. & 1 day  | to  | 8 mos. =  | 0.8 FTE |
| 8 mos. & 1 day  | to  | 9 mos. =  | 0.9 FTE  |
| 9 mos. & 1 day  | to  | 10 mos. =  | 1.0 FTE |

*\*Service period calculation should be based on the date (Ex. A student served from February 9 to May 9 = 3 months = 0.3 FTE).*

To be eligible to receive reimbursement, applications must be completed and emailed to David Parkins at dparkins@k12.wv.us or mailed to the WVDE, Division of Federal Programs & Support, Special Education at 1900 Kanawha Blvd. East, Bldg. 6 Room 750, Charleston, WV 25305 on or before **May 10, 2024*.***