

General Instructions

Use this application to request funds authorized under Minnesota Statutes, section 124D.57 for interpreter and notetaker services for deaf and hard-of-hearing adults. Only the authorized fiscal agent indicated in the "Applicant Agency and Program Information" section (below) should submit this application. Please print or type entries and complete all information requested. Please read the attached instructions when entering data in the areas below. Submit form in duplicate for approval to the above address. NOTE: Final claim must be submitted by July 15 for the prior fiscal year.

Applicant Agency and Program Information

Name of Applicant (<i>School District, Public or Private Community Agency</i>)		District Number	Federal Employer Identification Number
Address	City	Zip Code	Minnesota Tax Identification Number
Contact Person		Title	
Email Address	Telephone Number		FAX Number
Program Type (select appropriate box): <input type="checkbox"/> Adult Education Program (Local School District) <input type="checkbox"/> Adult Vocational School Program <input type="checkbox"/> Adult Avocational Education Program			

Program and Budget Information

For each person identified as a service provider below, provide the requested information.

Name of Service Provider (<i>Interpreter/Notetaker</i>)	Total Hours of Service	Cost (Reimbursement Request)	Approved Expenditure
Total (must match total from page 2)			

Complete the reverse side (page 2) with details about services provided. Incomplete applications will be returned.

Claim for State Aid

I hereby certify that support service to the deaf and hard-of-hearing adults has been provided for the training explained, and that this claim for aid represents the actual costs of providing the support service.

Documentation enclosed

Total Cost of Services Provided \$ _____

Signature of Responsible Authority Date

State Approval of AID

The claim for state aid as submitted is approved and payment is recommended.

Recommended Payment \$ _____

Signature of Responsible Authority Date

Instructions for Completion of application for Funds Support Services for Deaf and Hard-of-Hearing Adults (ED-01643)

General Information

The Legislature has appropriated funds to assist Deaf and Hard-of-Hearing adults enrolled in eligible education programs to obtain educational support services. The Minnesota Department of Education may reimburse expenditures by authorized agencies providing these services. Applicants may be reimbursed for unanticipated expenditures incurred during the prior fiscal year from July 1 to June 30.

Applicant Agency and Program Information

Enter address where state check should be mailed. Fill in the applicant's Federal Employer Identification (F.E.I.) and Minnesota Tax Identification numbers, and provide the information requested for the contact person.

Eligible Programs and Applicants

The purpose of this program is to provide access for deaf and hard-of-hearing adults to adult education programs provided by educational and other community agencies. Regular secondary or postsecondary academic education programs are not eligible for funding for the support services under this application.

Eligible Adult Programs

- a. Adult General Education Programs (including adult basic education, continuing education, and other educational programs offered to the adult community residents)
- b. Adult vocational education programs
- c. Adult avocational education programs

Ineligible Adult Programs

- a. Adult recreational activities
- b. Parent conferences or related activities where the primary beneficiary is a youth rather than the deaf or hard-of-hearing adult, including early childhood screening
- c. Clubs or social gatherings without a specific educational activity or intent
- d. Support groups

Eligible Applicant Agencies

- a. School districts, including service cooperatives and other educational cooperative units
- b. Technical colleges
- c. Minnesota Academy for the Deaf
- d. Nonpublic for-profit and non-profit schools
- e. Public and nonpublic community organizations which sponsor adult educational programs for the community at large. (Note: Private sectarian schools, community colleges, and state universities are not eligible to apply.)

Program Budget Information

Eligible Participants

Adults who are deaf or hard of hearing and who enroll in an eligible adult program may be approved for support services.

Types of Services Provided

Supported services include interpreter services and notetaker services only. Both notetaker and interpreter services are not authorized to occur simultaneously for the same adult. The purpose of interpreter service is to provide translation to an adult or group of adults. The purpose of notetaker service is to convert spoken language to written language under conditions where it is also necessary for the adult to maintain visual contact, such as a classroom teacher.

Date of Submission

Applications for services provided between July 1 of one year and June 30 of the following year must be postmarked or date stamped before the following July 15.

Submission of Claim for Aid

The attached form is used for a claim for aid. The form should be completed as follows:

- Complete the Applicant Agency and Program Information section in its entirety. Be certain to note the type of program for which reimbursement is requested. Complete the Educational Program Description information on page 2 of the form giving details of all services provided for which reimbursement is being claimed. You may submit this information on an attached sheet IF all information requested is provided.
- Complete the Program Budget Information section summarizing, by service provider, the information that is included in the educational program detail from page 2 of the form. Attach additional pages as necessary. Provide a total of all pages on the first page of the form.
- Sign and date the Application, and submit with copies of all necessary documentation to show that payments for services have been made (*e.g., interpreter bills, payment reports, board payment authorization*).