



Division of School Finance
 Special Education Funding and Data
 1500 Highway 36 West
 Roseville, MN 55113-4266

Special Expenditure Application

Special Pupils Without Individualized Education Programs (IEPs)

2019-20

ED-02434-13
DUE: 11/30/2020

General Information and Instructions: The Minnesota Department of Education (MDE) **will not accept** handwritten applications. Please use the online form process to complete this application. This form and supporting documentation provides MDE with the necessary information to document the eligibility of a student **without** an IEP who is a ward of the state, as noted below.

Use **one** form for each student Minnesota Automated Reporting Student System (MARSS) record.

MDE will use application information, supporting documentation, MARSS record, and tuition billing to calculate state payment.

Minnesota Statutes, section 125A.75, subdivision 3: "Full State Payment – The state must pay each district the actual cost incurred in providing instruction and services for a child whose district of residence has been determined by section 125A.17 or 125A.51, paragraph (b), and who is temporarily placed in a state institution, a licensed residential facility, or foster facility for care and treatment. The regular education program at the facility must be an approved program according to section 125A.515. Upon the following procedure specified by the commissioner, the district may bill the state the actual cost incurred in providing the services including transportation costs and a proportionate amount of capital expenditures and debt service, minus the amount of the basic revenue, as defined in section 126C.10, subdivision 2, of the district for the child and the special education aid, transportation aid, and any other aid earned on behalf of the child. The limit in subdivision 2 applies to aid paid pursuant to this subdivision. Minnesota Statutes, section 125A.51 (b), when parental rights have been terminated by court order, the legal resident of a child placed in a residential or foster facility for care and treatment is the district in which the child resides."

Applicant District Information

District Name:		District Number and Type:	
Address:	City:	ZIP Code:	
Contact Person:	Email Address:	Telephone Number:	
Name of Student:	MARSS Number (13 digits): *Required	Date of Birth (MM/DD/YYYY):	
Full Name of Placing Agency (e.g., Ramsey County Human Services): *Required		MARSS State Aid Category (SAC):	Age:
Full Name of Licensed Foster Facility: *Required		Grade:	Membership Days:
Dates of Placement (MM/DD/YYYY): to		Special Education Service Hours if student is **HK, ECSE or SAC 27 :	

There must be a record for the student entered in MARSS for the Regular School Year (RSY).

The dates of placement for an RSY application must match the MARSS record begin and end dates.

Do not combine RSY and Extended School Year (ESY)/Summer Session placements on the same application.

Eligible certification: Student **must** meet **all** criteria to be eligible:

Parent’s rights must have been terminated. No other criteria such as parent resides out-of-state, resident of a correctional facility or unknown will apply. **District must submit documentation. *Required.**

Student must be placed by the courts or human services not the school district. **District must submit documentation unless it is a court ordered state-licensed facility placement. *Required.**

Student had **no** Individualized Education Program (IEP) in effect for the time that the student was in placement. ***Required.**

Placement is a licensed foster facility, state institution, or residential facility. ***Required.**

District **must submit** MARSS Report 17 for RSY 2019-20. ***Required.**

District **must attach** documentation of the costs of providing core or general education services per day. ***Required.**

MDE cannot process the application if application is not complete, or the district does not attach required documentation. For more information, please see *Section 20 – Special Education Tuition Fund Applications* of the [Special Education Funding Guide](#) (From the MDE homepage (<https://education.mn.gov>) > Districts, Schools and Educators > Business and Finance > School Finance > Special Education > Special Education Funding Guide).

District Name:	District Number and Type:
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Certification of Information

I certify that to the best of our knowledge, the information contained on this form is accurate and complete.

Signature – Director of Special Education

Telephone Number

Date

**HK: Handicapped Kindergarten
ECSE: Early Childhood Special Education
SAC 27: State Aid Category 27