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

Uniform Tuition Billing
One-to-One Services
2020-21 School Year

ED-02424-14
DUE: 9/13/21

Purpose: This form is for the serving districts to submit documentation to the Minnesota Department of Education (MDE) for one-to-one professional services, contract services, contracted student placement, or specialized equipment provided to a nonresident student to be included in the tuition billing system. The services or equipment must have been specified in the student's Individualized Education Program (IEP) for the specific amount of time and duration. **This form is not for one-to-one paraprofessionals.** This is not a shared service but a service solely for the nonresident student. Forms that appear to be shared service will be returned.

Instructions: Handwritten applications **will not** be accepted. Please use the online form process to complete this application.

- Complete the information required below including serving district, resident district, student, hours of one-to-one professional services, etc.
- Specify the type of service, e.g., nursing, teacher, interpreter, intervener, etc., and provide the name of the service provider or piece of equipment.
- The services for the non-resident student must be entered on a **single line** on the Special Education Data Reporting Application (SEDRA).
- The completed form should be sent to the Minnesota Department of Education, Division of School Finance, Special Education Funding, 1500 Highway 36 West, Roseville, MN 55113-4266.
- Mail a copy of the completed form to the director of special education of the resident district.

Type of Service

FSC A, SRV A One-to-One Professional Payroll Personnel	FSC A, SRV B Contract Services	*FSC A, SRV C Contracted Student Placement	Specialized Equipment
☐	☐	☐	☐

Name of Professional: (**Required**)	Type of Equipment or Service (e.g., interpreter for deaf): (**Required**)
Status Begin Date (**Required**) on MARSS Record: MM/DD/YYYY	**Dates of Service: (Required)** MM/DD/YYYY From: To:
Total Hours of Type of Service checked above: (**Required**)	SEDRA Line #: (**Required**)

Serving and Resident District Information

Serving District Name:	**Serving** District Number and Type:	**Serving** District Address:
Resident District Name:	**Resident** District Number and Type:	**Resident** District Address:

Learner Information

Last Name:	First Name/MI:	MARSS 13 Digit Student ID Number:	Grade:	Primary Disability Code:

Date of Birth:	Gender:	Age:	School/Facility Name:	Serving School Site Number: (**Required**) (not district number)

I hereby verify that the information provided on this invoice is accurate and that records are on file to substantiate all data:

Serving District Verification of Services Provided

Signature:	Title:	Telephone Number:	Date Printed:
Contact Person and Email:	Title:	Telephone Number:	Payment Due Date:

Note: **All** fields marked **Required, must be completed**.

FSC = Funding Source Code SRV = Service Code
MARSS = Minnesota Automated Reporting Student System
*For more detailed information, see the document on the MDE web entitled Contract Student Placement Memo.