



STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION SERVICES
PROCEDURES FOR FINANCIAL AID APPLICATION
2022-2023

The purpose of the Financial Aid Application is to establish a cost share arrangement between the Office of Special Education Services (OSES) and Local Education Agencies (LEAs) to assist with expenditures for private or public placements made by the Individualized Education Program (IEP) Team. The one exception is that OSES will also cost share for placements at Pine Grove Youth Academy made by state agencies.

1. To assist in financial planning for LEAs and the OSES, the LEA requesting a cost share must submit Section 1 of the agreement within fifteen (15) days of initiating the placement. Please note that you may not submit Section 1 in advance of the placement. The ability to cost share can have no impact on the IEP Team's placement decision.
2. OSES will approve or deny the cost share request and send a response to the LEA.
3. LEAs with approved cost share agreements may request reimbursement twice per year—in February for the 1st half of the school year and in August for the 2nd half. The LEA may wish to only submit once in August for the entire year.

Cost share applications for currently placed students are due **August 31, 2022**.
Cost share applications for new students are due 15 days after placement.

FINANCIAL AID APPLICATION

2022-2023

Section 1 Request for Approval

District:	Date Submitted:
Student's Name:	DOB:
Primary Disability:	EFA Disability:
Placing Agency:	District Contact Name: Phone: Email:
Name of Parent/Guardian or Surrogate:	
Name of facility where student is enrolled: Address:	

Please include the following:

- Copy of contract with the facility
- IEP and PWN for the time period of the cost-share arrangement
- Projected cost calculation:

Projected cost of placement. Please choose daily or monthly rate as appropriate. Must match rate in contract.	Anticipated enrollment: ☒ days @ ☐ months @ per day per month
1. Total Projected cost: <i>Number of days × Rate per day, or Number of months × Rate per month</i>	\$ 0.00
Projected state/local funds received by the District. Prorated if the student is anticipated to be enrolled less than 180 days. Must be current BSC; weighting must match EFA weighting.	Anticipated number of days: Base Student Cost (BSC): EFA Weighting:
2. Total State and Local revenue <i>Anticipated number of days × (Base Student Cost ÷ 180) × EFA Weighting</i>	\$ 0.00
3. Projected Total to be shared <i>Subtract Line 2 from Line 1</i>	\$ 0.00
4. Funding amount <i>50% of the total on Line 3</i>	\$ 0.00

☐ Approved ☐ Denied

Signatures

District Superintendent

Date

OSES Director

Date

Section 2 Request for Reimbursement

☒ First Semester
 ☐ Second Semester
 ☐ Full Year

District:	Date Submitted:
Student's Name:	DOB:
Primary Disability:	EFA Disability:
Placing Agency:	District Contact Name: Phone: Email:
Name of Parent/Guardian or Surrogate:	
Name of facility where student is enrolled: Address:	

Please include the following:

- Any IEPs developed after initial approval and associated PWNs
- Invoices
- Actual cost calculation

Actual cost of placement. Please choose daily or monthly rate as appropriate. Must match rate in contract.	Enrollment: ☒ days @ per day ☐ months @ per month
1. Total cost: <i>Number of days × Rate per day, or</i> <i>Number of months × Rate per month</i>	\$ 0.00
State/local funds received by the LEA. Prorated if the student was anticipated to be enrolled less than 180 days. Must be current BSC; weighting must match EFA weighting.	Number of days: Base Student Cost (BSC): EFA Weighting:
2. Total State and Local revenue <i>Number of days × (Base Student Cost ÷ 180) × EFA Weighting</i>	\$ 0.00
3. Projected Total to be shared <i>Subtract Line 2 from Line 1</i>	\$ 0.00
4. Funding amount <i>50% of the total on Line 3</i>	\$ 0.00

☐ Approved
 ☐ Denied

Signatures

CFO/Finance Director

Date

OSES Director

Date