

## State Placed Student Enrollment and Reimbursement of IEP, 504 and EST Services

Effective Date: July 1, 2003

### Vermont State Board of Education Regulations for Special Education

The Vermont Department of Education requires us to enroll and track the attendance of State Placed Students. State Placed Students are youth who are in the Custody of a Child Placing Agency, such as Family Services (formerly SRS), Mental Health, Casey Family Services, etc. These students frequently have specialized support needs to be successful in school. It is critical the school identifies these students at the time of enrollment so that appropriate services and revenues to support the services are immediately put into place.

#### Enrollment

No state placed student will begin attending an LNSU school unless the enrollment process has been completed by the designated guardian. For students in the custody of Family Services this would require the case worker to complete the enrollment packet. Enrollment packets may be faxed to agency personnel and faxed back once completed. The enrollment packet will include the "State Placed Student Enrollment Form". Once the enrollment packet is completed a transition meeting will be set up for all students in the custody of Family Services as required by Family Service Policy #151.

#### Reimbursement of Costs for Support Services

A student is considered State Placed if they do not have any parent with educational rights living in the town where the elementary school is located. Students enrolled in the middle or high school would not have any parent living in any town served by our union middle and high school as a member of the LNSU. IEP costs that are not mainstream costs must be documented on "Worksheet A" and submitted to the Assistant to the Director of Student Support Services. "Worksheet A" forms and instructions are issued by the VT Department of Education in the Special Education Expenditure Report annually. The document can be obtained on their web site or by contacting Central Office.

These costs will be reimbursed at a rate of 100%. Students who have 504 or EST plans that require special education type services may be eligible for reimbursement. Contact the Director of Student Support Services to begin the application process. The Commissioner of Education must give approval for reimbursement.

All Medicaid reimbursable expenses must be submitted for reimbursement before the expiration of the claim period. Failure to do so will result in a penalty charge being placed on the school district. All Medicaid revenues will be kept by the Vermont Department of Education because you have been reimbursed at a rate of 100% for the delivery of the service.

<b>Student:</b> _____ <b>Date of Birth:</b> ___/___/___ <b>S.S.#</b> ____-____-____
<b>Person completing form:</b> _____ <b>Date Completed:</b> ___/___/___

**LAMOILLE VALLEY STATE PLACED STUDENT ENROLLMENT QUESTIONS**

## A Guide For Schools and Child Placing Agencies

**Note to educators:** The child must be enrolled and a Medicaid consent form signed.

**Note to all:** Please consider using fax and phone conference calls to complete information gathering and set a meeting date.

1. Is the student State placed?                      Yes      No
2. Is the student in SRS Custody?                  Yes      No
3. Is the child in the care of a Child Placing Agency?                      Yes      No

If yes, which agency? \_\_\_\_\_  
(Mental Health, Casey, Laraway, Sterling, etc.)

Agency Contact Name: \_\_\_\_\_

4. Who is the custodian?  
*(Note: This is not the foster parent. If the child is in State's custody, this is the Social Worker)*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

5. Does the student present safety, supervision or legal issues?  
Yes      No      If yes, briefly describe: \_\_\_\_\_

6. Is the student on an IEP? Yes      No      If yes, who is the surrogate parent?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*(Note: If Yes, provide copy of IEP and last evaluation plan.)*

7. Is the student on a 504 or EST Plan? Yes      No  
*(Note: If yes, provide copy of plan and all relevant evaluation information.)*

8. Contact person in the student's last educational placement:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

9. Who else needs to be involved in the meeting to review the child's educational plan?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Role: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Role: \_\_\_\_\_



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