INFORMATIONAL SHEET
FOR INITIAL APPLICATIONS
(Updated January 27, 2015)

Process

1. Application
   a. Submit all information and materials delineated in “Initial Application Checklist” (attached).
   b. Once ISBE consultant reviews and approves application, a three-digit facility code will be assigned to your program. Your assigned program code is used on the contract with school districts and should be listed on the monthly billing to placing districts.

2. Funding
   a. ISBE funding consultants will compute a per diem rate.
   b. The rate will then be taken to the Illinois Purchased Care Review Board (IPCRB) for approval. The IPCRB meets monthly, generally on the first Tuesday of the month. A limited number of programs are taken to the Board at each monthly meeting.

3. District Referrals
   a. Once your program is approved and your rate has been set, your program will appear in a public database (Harrisburg Project).
   b. You may not accept district referrals for students until both your program has been approved and your rate has been set. You may only serve students within your approved age range and eligibility categories.
### Initial Application Checklist

**Please note that the preparer of this information is signing an assurance that the program will be accountable for all items enumerated below.**

<table>
<thead>
<tr>
<th>Please indicate which approval you are applying for:</th>
<th>Educational Program</th>
<th>Residential Program</th>
<th>Combination Program</th>
<th>Preparer’s Initials or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 IAC Part 401 Rules have been read and will be adhered to.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>A program description is attached to this checklist that states the special education primary disability categories and ages of students to be served, a general overview of program, curriculum information, services offered, and clinical model. It also includes the expected programmatic outcomes and how progress toward the outcomes will be documented. All supporting materials (below) will match program description.</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Application document (attached) is completed. Residential-only programs need only pages 1-2 of application.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Building has been inspected by Illinois State Fire Marshal (or comparable agency for out-of-state facilities) and report is attached.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Licensure to operate a residential childcare facility is attached.</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Approval or licensure from state agency to operate a nonpublic special education program is attached (<em>non-Illinois programs only</em>).</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Written behavior intervention policies and procedures are attached (including a statement that no aversives are used) and staff have been or will be trained.</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Medication administration policy is attached and staff have been or will be trained.</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Privacy/dignity policy is attached and staff have been or will be trained.</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Space allocation plan is attached (labeled floor plan).</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>An organizational chart of the program is attached.</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Calendar is attached according to directions found at <a href="http://www.isbe.net/spec-ed/html/nonpublic_se.htm">http://www.isbe.net/spec-ed/html/nonpublic_se.htm</a></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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Print Name    Email    Phone    Date

Preparer Signature:__________________________________________________________

- 2 -
Contact Information

Application: Viver Ballard
            312/814-8246
            vballard@isbe.net
Illinois State Board of Education
Special Education Services Division
100 West Randolph Street
  Suite 4-800
Chicago, Illinois 60601-3223
  312/814-3171 (Fax)

Calendar/Program Code: Pam Solomon
            312/814-5560
            psolomon@isbe.net
Illinois State Board of Education
Special Education Services Division
100 West Randolph Street
  Suite 4-800
Chicago, Illinois 60601-3223
  312/814-3171 (Fax)

Funding/Rate/IPCRB:
Satu Allen       Larry Smith
            217/782-5256       217/782-5256
            sallen@isbe.net    ismith@isbe.net
Illinois State Board of Education
Funding and Disbursements Division
100 North First Street
Springfield, Illinois 61761
  217/782-3910 (Fax)

Important Links

• Harrisburg Project (approved program database):
  http://www.hbug.k12.il.us/PrivateFacility/Default.aspx
• Nonpublic Website: http://www.isbe.state.il.us/spec-ed/html/nonpublic_se.htm
• Part 401 Rules: http://www.isbe.state.il.us/rules/archive/pdfs/401ARK.pdf
• Funding/Disbursements: http://www.isbe.state.il.us/funding/