



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

APPLICATION FOR REIMBURSEMENT OF PRIVATE RESIDENTIAL PLACEMENT IN NONAPPROVED FACILITY RESULTING FROM HEARING OFFICER DECISION

SPECIAL EDUCATION DEPARTMENT

Check one of the following: Initial Application Continuing Application

Check one or both of the following: Request for Tuition Reimbursement
 Request for Room and Board Reimbursement

Instructions: When a hearing officer orders a district to reimburse a parent or facility for services in a nonapproved residential placement, ISBE Form 51-77 is to be completed and submitted within 30 days of the hearing of the order. Allowable costs for tuition and room and board for students between the ages of 3 and 21 who are residents of the school district and have a parent other than a public agency will be considered for reimbursement. No room and board reimbursements will be made for students who have reached age 22. The student must be entered into I-Star per I-Star instructions.

Complete and submit the application form and the accompanying cost spreadsheet and nonpublic facility calendars to 51_77Reimb@isbe.net.

SECTION I: IDENTIFICATION

NAME OF STUDENT (First and Last Name)		SIS NUMBER	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE		REGION, COUNTY, DISTRICT, TYPE CODE
PRIMARY DISABILITY		SECONDARY DISABILITY	
RESIDENT DISTRICT NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)			
NAME OF CONTACT PERSON	TITLE OF CONTACT PERSON	PHONE OF CONTACT PERSON	EMAIL OF CONTACT PERSON

SECTION II: HEARING OFFICER ORDER

DUE PROCCES CASE NUMBER (In lieu of the number, the district may submit a copy of the hearing officer's decision.)
NAME AND ADDRESS OF RESIDENTIAL FACILITY ORDERED BY HEARING OFFICER
NAME AND ADDRESS OF RESIDENTIAL SCHOOL ORDERED BY HEARING OFFICER IF IT DIFFERS FROM THE ABOVE

SECTION III: COST INFORMATION

FIRST DATE FOR WHICH REIMBURSEMENT WILL BE CLAIMED (Month, Day, Year)

(This is the date of student attendance in the facility for which the district became responsible for payment of tuition and room and board.)

Cost Spreadsheet

The district must complete Form 51-77A, which contains a summary of allowable costs that will be reimbursed. The district is responsible for ensuring that only allowable expenses, for tuition, and room and board are included, that can be validated by invoices from a facility are paid to the parent and/or the facility.

Allowable expenses

The following items are eligible for reimbursement and should be included in the spreadsheet if applicable to the hearing officer's decision:

- Room and board (Must be separated from tuition.)
- Residential individual aide (Must be included in the IEP.)
- Tuition – Regular term and summer term (IEP must indicate ESY.)
- Individual aide (Must be included in the IEP.)

Unallowable expenses

Do not include unallowable expenses in the spreadsheet. Items that are not eligible for reimbursement include, but are not limited to:

- Summer camps
- Fees for therapies/treatments not included in the IEP
- Activity fees
- Student activities unrelated to IEP – e.g., ski trips
- Clothing - uniforms
- Psychiatric evaluations
- Medical management – costs of doctor visits, medication, medical tests
- Cost related to parent visits – food, hotel
- Tutoring

Reimbursement for allowable room and board and tuition costs will be subject to the same proration methodology as is applied to reimbursement for rates determined under 5/14-7.02.

Calendars

The district must submit copies of the facility's school calendar and the facility's residential calendar, if the latter has fewer than 365 days. Calendars are necessary for the calculation of reimbursement.

SECTION IV: ASSURANCES

The district hereby assures that:

- (i) The district submitted to ISBE a copy of the Illinois special education due process hearing officer's order to place the student in a nonpublic facility not approved by ISBE or has entered the due process case number. (Section II on previous page.) For cases beginning in March 2022, the due process decision provides evidence of the following:
 - (a) The nonpublic facility has appropriately licensed teachers and related service personnel for the student.
 - (b) The nonpublic facility offers an age-appropriate curriculum and delivery services in an age-appropriate setting.
 - (c) The nonpublic facility has the ability to implement the student's IEP.
- (ii) The district will provide ISBE a copy of the attendance records upon request.
- (iii) The district provided ISBE a copy of the nonpublic facility's school calendar for the academic year of placement. (See Section III on previous page.)
- (iv) The district has entered the student information into the I-Star data system.
- (v) The district understands that, as a non-approved residential program, ISBE does not monitor safety and health concerns that arise in the facility and will not be responsible if the student's safety and health are compromised. The district accepts responsibility for ensuring parents understand that monitoring the health and safety of their child is not the responsibility of ISBE.
- (vi) The district has submitted this form and corresponding documents within 30 business days following the hearing officer's order. For cases between February 2020 and February 2022, the district submitted the form within 30 days of receiving notice from ISBE. The district understands that failure to submit all documents with the request within the established timeline will exclude the district from receiving reimbursement. For hearing officer orders that require future payments, Form 51-77A should be submitted monthly. The district understands that reimbursement for allowable room and board and tuition costs will be subject to the same proration methodology as is applied to reimbursement for rates determined under 105 ILCS 5/14-7.02.

This form must be signed by both the superintendent of the school district where the student's parent or guardian resides and the state-approved director of special education responsible for the district. Signing the form attests to the accuracy and validity of the information contained within the application.

We, the undersigned, do hereby declare that the foregoing statements of assurance and information provided within this document and its attachments are true to the best of our knowledge and belief.

Please Type or Print Name

Please Type or Print Name

Digital or Original Signature of
District Superintendent

Digital or Original Signature of
State-Approved Director of Special Education

Date

Date