



Illinois State Board of Education

Understanding the Residential Room and Board Reimbursement Process (Form 34-37 & Form 34-43)

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Equity • Quality • Collaboration • Community

Residential Room and Board

- The 34-37 & 34-43 Residential Room and Board Applications are used for districts seeking reimbursement for students placed residentially through an Individual Education Program (IEP) Team decision.
 - Applications must be submitted **prior** to:
 - Date of initial placement,
 - Due date of continuation application
 - Change of district
 - Change of facility or facility code.
 - Applications may be submitted in sections and approvals will only be dated back to the date the first page was received
 - All documents must be received **before final approval/reimbursement is given**



Room & Board Reimbursement Form

- Form Number 34-37 – Application for Approval of Private Residential Placement – Room and Board Reimbursement.
- Revised Form 34-37 - Began using March 1, 2022.
- Internet address for form location:
https://www.isbe.net/Documents/34-37_residential_room_board.pdf



Room & Board Reimbursement Form

- Form Number 34-43 – Application for Reimbursement of Emergency and Student-Specific Residential Placement in Non-Approved Facility
- Revised Form 34-43 - Began using January 2023; has a checklist included
- Internet address for form location:
<https://www.isbe.net/Documents/Form-34-43.pdf>



Private Facility Search



Private Facilities Search

[? Help](#)

School Year

- Facilities available for placement
- All facilities
- Recently approved facilities

Eligibility

Disability(1)

Disability(2)

Facility Type

- | | | | |
|---------------|--|---------------|---|
| Location Type | <input type="checkbox"/> In-State | Facility Type | <input type="checkbox"/> Day School Only |
| | <input type="checkbox"/> Out-of-State | | <input type="checkbox"/> Residential Only |
| | | | <input type="checkbox"/> Combination Only |
| Gender | <input type="checkbox"/> Co-Educational Only | Add On Type | <input type="checkbox"/> Intensive |
| | <input type="checkbox"/> Female Only | | <input type="checkbox"/> Transition |
| | <input type="checkbox"/> Male Only | | |

State

<https://apps.isbe.net/pfsearch/>



Nonpublic Facility Placement Contract

- Certification of inability to meet student's needs documented during IEP meeting
- Nonpublic Facility Placement Contract (Form [19-83](#))

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

RETURN THIS FORM TO: <input type="checkbox"/> School District of Residence <input type="checkbox"/> Special Education Joint Agreement	ILLINOIS STATE BOARD OF EDUCATION Special Education Services Division 100 North First Street, N-243 Springfield, Illinois 62777-0001	FACILITY CODE NUMBER FOR THIS PLACEMENT → <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

NONPUBLIC FACILITY PLACEMENT CONTRACT
Agreement for Student Placement and Services under Section 14-7.02 of the School Code
Do not return this form to the Illinois State Board of Education. For additional copies, go to www.isbe.net.

This document shall be used by both the public school district of the student's residence and the nonpublic facility providing special education and related services, including room and board when necessary, for the placement of each student with a disability. Further conditions consistent with this agreement and the laws of the United States and the State of Illinois may be included under Section V at the discretion of the public school district or the nonpublic facility. Copies of this documentation shall be kept at both the nonpublic facility and the local school district of residence of the student.

SECTION I

The _____ located at _____
(Name of Nonpublic facility Program)
_____, _____, IL _____
(Street Address) (City) (Zip Code)
hereinafter referred to as facility, agrees to provide _____ of _____
(Name of Student) (Street Address)
_____, IL _____ hereinafter referred to as student, pursuant to the terms and conditions set forth herein, a
(City) (Zip Code)

a program of special education, related services, and/or room and board in accordance with the student's Individualized Education Program (IEP) during the period beginning _____, _____ and ending _____, _____
(Date) (Year) (Date) (Year)
and the _____
(Name of Public School District an Number)
_____, _____, IL _____
(Street Address) (City) (Zip Code)

hereinafter referred to as district, agrees to pay an amount as determined and specified in Section III herein. Any person or entity having legal responsibility of the student is hereinafter referred to as parent or guardian.

SECTION II

District agrees:

[19-83 nonpublic facility.pdf \(isbe.net\)](#)



Responsibilities

Nonpublic Private Facility

- Implements IEP
- Collects and analyzes data
- Creates goals and objectives
- Provides programming
- Develops unique curriculum

Public Placing School District

- Ensures receipt of services
- Develops and revises IEP
- Awards credits, transcripts, and diplomas
- Coordinates state assessment testing



Form 34-37:
Application for Approval of
Private Residential
Placement Room and
Board Reimbursement



34-37 Application – Page 1

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.



Illinois
State Board of Education
100 North First Street, N-253
Springfield, Illinois 62777-0001

APPLICATION FOR APPROVAL OF PRIVATE
RESIDENTIAL PLACEMENT
ROOM AND BOARD REIMBURSEMENT

SPECIAL EDUCATION DEPARTMENT

Start Date: _____ Check one: Initial Placement Continuing Placement Change of District or Facility Code.

INSTRUCTIONS: When a school district determines at an IEP meeting that the least restrictive environment for a student is a private residential placement, this form is to be completed and submitted in a timely manner to allow approval **PRIOR** to the district effecting the placement. Tuition and room and board may be contracted by a school district for students ages 3 through 21 who are residents of the school district, have a parent or guardian other than a public agency, and need a residential placement for educational reasons. (No reimbursement will be provided for students who are 22 years old or older.) Upon receipt of approval for reimbursement via ISBE Form 34-37, the student must be entered in I-Star to complete the approval process. Claims for room and board should be submitted monthly in IWAS.

Complete and submit one copy of this application form **PRIOR** to placement, renewal due date, or change of placement. Make certain to include separate pages with narrative, as necessary. Submit application to 3437RnB@isbe.net.

SECTION I IDENTIFICATION (Items must match the information listed in I-Star.)

NAME OF STUDENT (LAST NAME / FIRST NAME - <i>Do not use nicknames.</i>)		SIS NUMBER	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTH DATE (MM/DD/YY)	REGION, COUNTY, DISTRICT, TYPE CODE
RESIDENT DISTRICT NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)			
NAME AND TITLE OF CONTACT PERSON AND LOCATION		TELEPHONE NUMBER (Include Area Code)	EMAIL OF CONTACT PERSON
RESIDENTIAL PRIVATE FACILITY CODE (Where student is located)	RESIDENTIAL PRIVATE FACILITY NAME AND ADDRESS (Street, City, ZIP Code)		
Complete this section if the Residential Private Facility code is a Residential Only code OR if the tuition will be paid to a different entity code than listed above.			
TUITION PRIVATE FACILITY CODE		PRIVATE FACILITY	
NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)			



Illinois
State Board of
Education

Page 1 – Instructions

- Start Date
- Initial Placement
- Continuing Placement
- Change of District or Facility Code – Applies for transition to High School, move to another district, change of code at current facility
 - Elementary district is responsible for **notifying** the high school district **prior** to the residential facility's 8th grade graduation date or before student's 15th birthday
 - High School submits 34-37 **prior** to taking responsibility



Page 1 – Instructions

- Section I: Identification
 - Information must match listed information in I-Star – Including SIS number
 - RCDTS – **District** number
 - Contact Name – main person completing paperwork
 - Residential Code – Must have before submitting!!
 - Facility Search (slide 4) & 19-83 Form (slide 5)
 - Tuition Code – Must have this if Residential Code is residential only

34-37 Application – Page 1

Use the codes below to indicate the disability(ies) of the student. (This information should be the same as in I-Star.)

Primary Disability (i.e., the one that has the most adverse impact on the education of the student)

Secondary Disability, if identified

DISABILITY KEY

- | | | | |
|---|--|------------------------------------|-----------------------------------|
| A = Intellectual Disability | F = Hearing Impairment | K = Emotional Disturbance | O = Autism |
| C = Orthopedic Impairment | G = Deafness | L = Other Health Impairment | P = Traumatic Brain Injury |
| D = Specific Learning Disability | H = Deaf-Blindness | M = Multiple Disabilities | |
| E = Visual Impairment | I = Speech and/or Language Impairment | N = Developmental Delay | |

For initial out-of-state applications, has a DCFS Interstate Compact been initiated for an initial Out-of-State Application if the student is under the age of 18?

Yes No

Email for Compact is DCFS.InterstateCompactGeneral@illinois.gov.

Initial or Continuing Out-of-State Placement for all Students – complete the following:

(If needed, add pages at end of application.)

Yes N/A

For a child who is placed in an out-of-state special education residential facility, prior to the placement, the school district referred to the child and/or the parent/guardian the option to place the child in a special education residential facility located within this State, if any, that provides treatment and services comparable to those provided by the out-of-state special education residential facility?

IN-STATE OPTIONS CONSIDERED	REASONS THE PLACEMENT WAS REJECTED

ISBE USE ONLY

- Initial/Continuing
 Age
 Gender
 Disability
 Residential Only
 Out of State
 Interstate Compact
 Narrative
 Reintegration Plan
 Past Reintegration Plan
 Signatures

Additional Notes:



Page 1 – Instructions

- Section I: Identification (continued)
 - Disability – The facility’s approved disability codes must match the student’s primary disability (must match information in I-Star)
 - Out-of-State/Interstate Compact – Contact Information
DCFS.InterstateCompactGeneral@Illinois.gov
 - Students under 18
 - Initial placement
 - Change of facility
 - Change of district



Page 1 – Instructions, cont.

- Out-of-state placements
 - Initial
 - Continuing
 - Complete table demonstrating in-state placement options considered
 - List facility name
 - Reason rejected
 - Add additional page, if needed

SECTION II PLACEMENT INFORMATION

HISTORY OF SERVICES PROVIDED. Use the chart below to indicate the educational setting(s) in which the student has been placed for the last two school years. Begin at the top of the chart with the most recent placement. Indicate the primary disability code (see Disability Key in Section I) and the educational environment (EE) code. Enter the beginning and discontinued dates for each EE. Leave the disability code blank if the student was in regular education and not identified eligible for special education. If a two-year history is not available, please enter the date, month/year, when the student entered the district.

Month	Year

	DISABILITY CODE (Key in Section I)	EE CODE (Key at Right)	Beginning Date		Discontinued Date	
			Month	Year	Month	Year
Most recent placement:	[]	[] []	[]	[]	[]	[]
	[]	[] []	[]	[]	[]	[]
	[]	[] []	[]	[]	[]	[]
	[]	[] []	[]	[]	[]	[]
	[]	[] []	[]	[]	[]	[]

EDUCATIONAL ENVIRONMENT CODES AND BRIEF DESCRIPTION KEY

For additional details, see EE codes in Instructions for the IEP Student Tracking and Reporting System (IStar).

- 01 = Sp. Ed. 80% or more of day inside regular classroom
- 02 = Sp. Ed. 40-79% of day inside regular classroom
- 03 = Sp. Ed. less than 40% of day inside regular classroom
- 04 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities
- 05 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities in conjunction with a student's placement in a residential facility
- 06 = Philip J. Rock Center and School
- 07 = Detention center or jail



Page 2 - Instructions

- Section II: Placement Information
 - Complete for **all** applications
 - Two-year history
 - If student history is not available, note date student entered district

SERVICES INFORMATION

SERVICES PROVIDED IN MOST RECENT PLACEMENT. (This includes hospital instructional program if applicable.) Use the keys below to indicate the services and amount of time provided on a weekly basis in the most recent placement described in Section II. List services in order of importance.

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>

REQUESTED SERVICES. Use the keys below to indicate the services and amount of time these are to be provided each week by the requested residential placement. This information should be in the student's current IEP.

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>

RELATED AND OTHER SERVICES KEY

- | | |
|---------------------------------|---------------------------|
| 01 = Adapted Physical Education | 19 = Physical Therapy |
| 02 = Aide - Class | 20 = Psychiatric Services |
| 03 = Aide - Individual Student | 21 = Recreation |



Page 3 – Instructions

- Section II: Services
 - Services provided in most recent placement
 - Order of importance
 - Type of services
 - Amount of time provided (Use ‘Related and Other Services Key’)
 - Requested Services
 - Related services to be implemented in Residential placement
 - Must be noted in current IEP
 - Coincide with related services in most recent placement
 - Amount of time requested (Use ‘Related and Other Services Key’)



OTHER SERVICES

Use this space to describe other services (code 16) indicated in Section II, including services provided by other agencies in cooperation with the school program. Attach additional pages, if needed. Number of pages attached for this section is _____.

OTHER SERVICES	DESCRIPTION OF SERVICES	OTHER AGENCY(IES) (If applicable)



Page 4 – Instructions

- Description of Other Related Services (Code 16)
 - The list of other related services may include other developmental, corrective, or supportive services (such as artistic and cultural programs, art, music, and dance therapy) if they are required to assist a student with a disability to benefit from special education in order for the student to receive FAPE (CFR 34 300.34).

SECTION III SECTION III IEP AND EVALUATION DATES

Month Day Year * Required

*Date of the most recent Eligibility/Evaluation/Reevaluation Conference.

Dates of supplemental evaluations (if applicable) – specify type.

Supplemental Evaluation

Supplemental Evaluation

*Date (mm/dd/yy not mm/yy) of the most recent Individualized Education Program (IEP) meeting that recommended this residential placement be made or continued.

*If different from above, most recent IEP Annual Review date.



Page 4 - Instructions

- Section III: IEP and Evaluation Dates
- Complete for **All** Applications
 - Required documentation:
 - Date of most recent Eligibility/Evaluation/Re-eval
 - Date of IEP recommending residential placement
 - Date of IEP Annual Review – if **different** from placement

SECTION IV AGENCY CONTACT

AGENCIES CONTACTED

The district must show appropriate contacts with state or local agencies including but not limited to those listed below that provide community support programs and services to students and their families. Applications that do not show evidence that consideration was given to the appropriate services potentially available will be returned for further clarification. Attach additional pages as necessary and indicate the number of pages attached for this section _____.

Use the codes provided in the key below to indicate the department(s) and agency(ies) contacted. Check the appropriate box(es) below to indicate services/assistance provided. Explain the results of all contacts and any resulting financial assistance. Copies of all correspondence regarding agency contacts, district requests, and agency responses should be maintained at the district level and are subject to review upon request.

DEPARTMENT/AGENCY KEY

- | | |
|--|---|
| A = Department of Public Aid | K = Local Mental Health Center |
| B = Department of Human Services | L = Local Youth Services Provider |
| C = Department of Children and Family Services | M = Local Recreation Services Provider |
| F = Department of Corrections | N = Local Substance Abuse Services Provider |
| G = County Probation Agency | O = Private Counseling Service |
| H = Department of Public Health | P = State Psychiatric Hospital/Zone Center |
| I = Division of Specialized Care for Children | Q = Other State/Local Agency |
| J = Community and Residential Services Authority | |

If more space is needed, please attach additional page(s).

<input type="checkbox"/> Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS: <div style="background-color: #e0e0ff; height: 100px;"></div>
<input type="checkbox"/> Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance	RESULTS OF CONTACT/COMMENTS: <div style="background-color: #e0e0ff; height: 100px;"></div>



Page 5 - Instructions

- Section IV: Agencies Contacted
 - Complete for **ALL** Applications
 - List state or local agencies that provide community support and services to students and their families
 - Include agencies contacted to assist with reintegration back to home community
 - Include agencies contacted to assist student with transition to adult services as applicable
 - Can include contacts initiated by the family, the district, or both
 - Use Department/Agency Key
 - Add additional pages if needed

SECTION V NEED FOR PRIVATE RESIDENTIAL PLACEMENT — REQUIRED NARRATIVE

Applications may be submitted in sections. However, reimbursement will not be approved until all required documents, signed by both the district superintendent and the director of special education, are received.

Initial Applications Only

Please provide a narrative that includes a chronological description of the antecedents to the IEP recommending residential placement. This narrative should minimally include specifics related to the following and should describe of the efforts taken to alleviate the adverse impact of the student's disability:

- The student's educational history from initial entry into school to the present time. This history should include the types of placements that the student has entered, the successes or failures of these placements and the reasons for any failures, the student's academic strengths and weaknesses, a specific description of any behavioral incidents, and any other issues/concerns over the years of school enrollment and a description of actions initiated to remediate these issues/concerns.
- The student's non-educational or social history, including information on the composition of the family and any issues/concerns in the home/community.
- The student's physical health and any identified issues/concerns.
- The student's psychological or emotional health and any identified issues/concerns. This includes information related to any psychiatric hospitalizations and the resulting diagnoses or findings.
- The student's involvement with the courts or other agencies.

Initial and Continuing Applications

All applications must include the following information:

- The student's current levels of educational performance, including information related to functional grade level, achievement testing results, IQ test results, etc.
- A description of the nature or type of program and services to be provided in the residential placement that the school district is unable to provide this student in order to ameliorate the adverse effects of the disability.

Continuing Applications Only

If at the time of an IEP review the student is unable to return to his/her home school, there must be clearly stated specific reasons why the student cannot be appropriately educated locally. Applications for continuing placements subsequent to the initial year of approval for room and board reimbursement must include a description of the continuing issues/concerns/adverse effects that necessitate the continuation of the residential placement, including specific descriptions of the progress or lack thereof in the placement over the year of the approval for room and board reimbursement.



Page 6 (top) - Instructions

- Section V: Need for Private Residential Placement – Required Narrative
 - Initial Applications
 - Chronological description of history prior to residential recommendation (**description of need for placement**), including:
 - Efforts taken to alleviate adverse impact of disability
 - Student’s **ENTIRE** educational history
 - Student’s non-educational or social history
 - Student’s physical health
 - Student’s psychological or emotional health
 - Student’s involvement in court or other agencies

Page 6 (top) – Instructions, cont.

- Required Narrative
 - Initial/Continuing Applications -
 - Present Level of Educational Performance
 - Functional Grade Level
 - Achievement Tests/IQ Tests
 - Description of the program & services that the school district cannot provide

Page 6 (top) – Instructions, cont.

- Required Narrative (continued)
 - Continuing Applications –
 - Reasons why student cannot return to local district
 - Clearly stated
 - Progress/lack of progress (identified issues, concerns, and adverse effects creating need for continued placement)
 - Educational status update
 - **Note:** Submission of the IEP or evaluation paperwork does not fulfill this requirement.



SECTION VI REINTEGRATION PLAN

Private residential placement for educational reasons is considered a temporary placement for the purpose of allowing a student to be in an atmosphere in which he/she can adjust and align with the usual expectations for students. It is expected that specific outcomes will be targeted and met within the timeframe of the approval for room and board reimbursement. It is further expected that placement will be short-term as opposed to custodial care. Therefore, plans for reintegration must be made in order to accomplish a smooth transition from the residential placement back into home school/community life.

A Reintegration Plan must be initiated for a student's eventual return to the school district/community even though his/her progress in the residential facility cannot be entirely predicted. This plan must be reviewed and updated at least annually and, for continuing applications, must state what parts of the prior plan have been initiated/completed and what parts continue or need to be revised.

The Reintegration Plan should be detailed as to the specific steps to be taken by the district over the one-year timeframe of the reimbursement approval that will allow for the return and continuing support of the student in the community and schools. Timelines should be attached to specific activities that need to be completed. The plan should include the agencies that need to be contacted for either student or parent/guardian referral purposes; any needs in the school district to be addressed in order to allow the student to return; and the steps to be taken to minimize the adverse effects and to support the student and his/her family in the transition process and/or alternative living arrangements. The plan should finally include information as to the educational setting to which the student is expected to return.

REINTEGRATION PLAN – Complete for Requested Application Period

Use the Reintegration Plan form to complete this section for all applications for the upcoming year or application period (if different). (For students 18 through 21 years of age, please note community resource connections that have been completed with the student's home community in preparation to transition to post-school services.)

ANTICIPATED DATE/ TIMELINE OF ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY



Page 6 (bottom) - Instructions

- Section VI: Reintegration Plan - Initial/Continuing Applications
 - Initiated for student's anticipated return to home district
 - Up to one year
 - Steps taken by district that will allow for return and continual support of student in home community
 - Use table - minimum of monthly contact (may add pages)
 - Involvement of outside agencies
 - Parental involvement
 - District involvement
 - Plan for student to transition to home district. (For students 18-21, include preparation activities for transition to post-school services)

SECTION VII REINTEGRATION PLAN — CONTINUING APPLICATIONS

REINTEGRETION PLAN – Past Application Approval Documentation

In addition to the Reintegration Plan Proposal for the future, districts applying for a Continuation Application are required to complete the following chart demonstrating the proposed plan from the previously approved 34-37 Application and the timelines for the completion of the reintegration tasks as noted in that application. (Please complete the chart with the activities that were approved on the previous 34-37 Application and provide the details below.)

DATE OF COMPLETED ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY



Page 7 - Instructions

- Section VII – Reintegration Plan – Past Application Approval Documentation
 - Continuing Applications
 - Table should reflect approved Plan from previous approved 34-37 application
 - Note dates activities were completed
 - Note participants
 - Provide a brief description of the activities
 - May attach additional pages
 - Actual documentation does not need to be submitted. However, it should be available for review, if requested.



ASSURANCES

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 and attests to compliance with the requirements of Article 14 of the School Code, ensuring that a full and comprehensive continuum of educational services is available in the district/joint agreement/region, yet is insufficient for this student's education.

We, the undersigned, do hereby declare that the foregoing statements are true to the best of our knowledge and belief, and that said school district or joint agreement has complied with requirements of the law and regulations as set forth in Article 14 of the School Code and 23 Illinois Administrative Code 226, and all other applicable state and federal laws and regulations. The costs of the placement (i.e., the tuition, room and board, and transportation as delineated in the IEP) will be paid by the district and will be at no cost to the parent or youth.

District Superintendent

NAME OF DISTRICT SUPERINTENDENT (Please type or print the name.)	TELEPHONE NUMBER (Include Area Code)
ADDRESS (Street, City, ZIP Code)	EMAIL ADDRESS

Date

Signature of District Superintendent

State-Approved Director of Special Education

NAME OF STATE-APPROVED DIRECTOR OF SPECIAL EDUCATION (Please type or print the name.)	TELEPHONE NUMBER (Include Area Code)
IF A MEMBER OF A JOINT AGREEMENT/SPECIAL EDUCATION COOPERATIVE, NAME OF COOPERATIVE:	
ADDRESS (Street, City, ZIP Code)	EMAIL ADDRESS

Date

Signature of State-Approved Director of Special Education



Page 8 - Instructions

- Assurances - Agreement
 - District Superintendent Name and Information
 - District Superintendent signature required
 - State-Approved Director
 - If part of Cooperative – Must be the Cooperative State-Approved Director (Not district level director)
 - If part of a Cooperative – Name of Cooperative and Information
 - State-Approved Director signature required

Form 34-43:

Application for Reimbursement of Emergency and Student- Specific Residential Placement in a Non-Approved Facility



34-43 Application – Checklist

FORM 34-43 INSTRUCTIONS:

School districts may seek reimbursement for costs of emergency and student specific placements in residential facilities that have not been approved by the Illinois State Board of Education (ISBE) when no ISBE-approved facility accepted the student or no immediate placement in an ISBE-approved facility was available. This form and all required documents must be completed and submitted to 34_43Reimb@isbe.net, prior to the placement for reimbursement to be considered. Allowable costs for tuition and room and board costs 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 under Section 5/14-7.02 of the School Code. No room and board reimbursements will be made for students who have reached age 22. The student must be entered into the IEP-Student Tracking and Reporting System (I-Star) per I-Star instructions.

The entire form must be completed for the initial emergency and student-specific placements.

Use the instructions checklist below as a guide during completion of the 34-43 Application for Reimbursement of Emergency and Student-Specific Residential placement in a facility that has not been approved by ISBE. Please submit the completed checklist with the 34-43 application.

34-43 Application Submission Instructions Checklist			Preparer's Initials
Student Name: _____			
APPLICATION PAGES			
Page 1		Check appropriate box. For Initial Applications, complete start date.	
	Section I	Provide facility information	
	1.		
	2.	Make sure all contact information is correct	
	3.	Make sure SIS number and RCDT Code are correct	
	4.	Make sure all student information is correct (e.g., gender, birthdate, primary disability, secondary disability [if applicable])	



Checklist Instructions

- Must be submitted as part of 34-43 application
- Initials for each step indicate the district has completed the step and included the documentation with the packet



34-43 Application – Page 1

SPECIAL EDUCATION DEPARTMENT

Initial 34-43 Application Start Date: _____ Continuing Application

SECTION I: IDENTIFICATION		
NAME OF STUDENT (LAST NAME / FIRST NAME - <i>Do not use nicknames.</i>)		SIS NUMBER
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (MM/DD/YY)	REGION, COUNTY, DISTRICT, TYPE CODE
RESIDENT DISTRICT NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)		
NAME AND TITLE OF CONTACT PERSON AND LOCATION	TELEPHONE NUMBER (Include Area Code)	EMAIL OF CONTACT PERSON
RESIDENTIAL FACILITY NAME AND ADDRESS	RESIDENTIAL FACILITY TELEPHONE NUMBER	
EDUCATIONAL FACILITY NAME AND ADDRESS (if different from above)	EDUCATIONAL FACILITY TELEPHONE NUMBER	

Use the codes below to indicate the disability(ies) of the student. (This information should be the same as on I-Star.)

Primary Disability, (i.e. the one that has the most adverse impact on the education of the student.) _____

Secondary Disability, if identified _____

DISABILITY KEY

A = Intellectual Disability	F = Hearing Impairment	K = Emotional Disturbance	O = Autism
C = Orthopedic Impairment	G = Deafness	L = Other Health Impairment	P = Traumatic Brain Injury
D = Specific Learning Disability	H = Deaf-Blindness	M = Multiple Disabilities	
E = Visual Impairment	I = Speech and/or Language Impairment	N = Developmental Delay	

Out-of-State placement applications: Has a DCFS Interstate Compact been initiated for an initial Out-of-State Application if the student is under the age of 18?

Yes No Email for Compact is DCFS.InterstateCompactGeneral@illinois.gov.

Initial or Continuing Out-of-State Placement for all Students – complete the following:

Yes N/A For a child who is placed in an out-of-state special education residential facility: Prior to the placement, has the school district made the child and/or the parent/guardian aware of the option to place the child in a special education residential facility located within the state, if any, that provides treatment and services comparable to those provided by the out-of-state special education residential facility?



Page 1 – Instructions

- Start Date
- Initial Placement
- Continuing Placement
- Change of District – Applies for transition to High School, move to another district
 - The Elementary school district is responsible for **notifying** the high school district **prior** to the residential facility's 8th grade graduation date or before student's 15th birthday
 - High School submits 34-43 **prior** to taking responsibility



Page 1 – Instructions

- Section I: Identification
 - Information must match listed information in I-Star – Including SIS number
 - RCDTS – **District** number
 - Contact Name – main person completing paperwork
 - Non-Approved Facility Name & Address
 - Educational Facility Name & Address (if different from above)

Page 1 – Instructions

- Section I: Identification (continued)
 - Disability – The facility’s approved disability codes must match the student’s primary disability (must match information in I-Star)
 - Out-of-State/Interstate Compact – Contact Information
DCFS.InterstateCompactGeneral@Illinois.gov
 - Students under 18
 - Initial placement
 - Change of facility
 - Change of district



Page 1 – Instructions

- Out-of-state placements
 - Initial
 - Continuing



SECTION II: PLACEMENT INFORMATION

HISTORY OF SERVICES PROVIDED. Use the chart below to indicate the educational setting(s) in which the student has been placed for the last two school years. Begin at the top of the chart with the most recent placement. Indicate the primary disability code (see Disability Key in Section I) and the educational environment (EE) code. Enter the beginning and discontinued dates for each EE. Leave the disability code blank if the student was not identified as eligible for special education and was placed in regular education. If a two-year history is not available, please enter the date, month/year, when the student entered the district.

Month	Year

	DISABILITY CODE (Key on pg.1)	EE CODE (Key at Right)	Beginning Date		Discontinued Date	
			Month	Year	Month	Year
Most recent placement:						

EDUCATIONAL ENVIRONMENT CODES AND BRIEF DESCRIPTION KEY

For additional details, see EE codes in "Students with Disabilities Data Collection and Approval Instructions For Use with I-Star" manual.

- 01 = Sp. Ed. 80% or more of day inside regular classroom
- 02 = Sp. Ed. 40-79% of day inside regular classroom
- 03 = Sp. Ed. less than 40% of day inside regular classroom
- 04 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities
- 05 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities in conjunction with a student's placement in a residential facility
- 06 = Philip J. Rock Center and School
- 07 = Detention center or jail
- 08 = Private day or out-of-state public day program
- 09 = Private residential in-state
- 10 = Private residential out-of-state
- 11 = Homebound instructional program
- 12 = Hospital instructional program
- 13 = Illinois School for the Deaf (ISD)
- 14 = Illinois School for the Visually Impaired (ISVI)



Page 2 - Instructions

- Section II: Placement Information
 - Complete for **all** applications
 - Two-year history
 - If student history is not available, note date student entered district

SECTION III: SERVICES INFORMATION

SERVICES PROVIDED IN MOST RECENT PLACEMENT: (This includes hospital instructional program, if applicable.) Use the keys below to indicate the services and amount of time provided on a weekly basis in the most recent placement described in Section II. List services in order of importance.

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

REQUESTED SERVICES: Use the keys below to indicate the services and amount of time these are to be provided each week by the requested residential placement. This information should be in the student's current IEP.

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>



Page 3 - Instructions

- Section III: Services Information
 - Services provided in most recent placement
 - Order of importance
 - Type of services
 - Amount of time provided (Use 'Related and Other Services Key')
 - Requested Services
 - Related services to be implemented in Residential placement
 - Must be noted in current IEP
 - Coincide with related services in most recent placement
 - Amount of time requested (Use 'Related and Other Services Key')

OTHER SERVICES

Use this space to describe other services (code 16) indicated in Section II, including services provided by other agencies in cooperation with the school program. Attach additional pages, if needed. Number of pages attached for this section is _____.

OTHER SERVICES	DESCRIPTION OF SERVICES	OTHER AGENCY(IES) (If applicable)

Page 4 - Instructions

- Description of Other Related Services (Code 16)
 - The list of other related services may include other developmental, corrective, or supportive services (such as artistic and cultural programs, art, music, and dance therapy) if they are required to assist a student with a disability to benefit from special education in order for the student to receive FAPE (CFR 34 300.34).

SECTION IV: IEP AND EVALUATION DATES

Month Day Year * Required

*Date of the most recent Eligibility/Evaluation/Reevaluation Conference.

Dates of supplemental evaluations (if applicable) – specify type.

Supplemental Evaluation

Supplemental Evaluation

The district must determine at least annually that the placement continues to be appropriate for the student. Therefore, please list the *Date (mm/dd/yy not mm/yy) of the most recent Individualized Education Program (IEP) meeting that recommended this residential placement be made.

*If different from above, most recent IEP Annual Review date.



Page 4 - Instructions

- Section IV: IEP and Evaluation Dates
- Complete for **All** Applications
 - Required documentation:
 - Date of most recent Eligibility/Evaluation/Re-eval
 - Date of IEP recommending residential placement
 - Date of IEP Annual Review – if **different** from placement

SECTION V: AGENCY CONTACT

AGENCIES CONTACTED

The district must show appropriate contacts with state or local agencies, including, but not limited to, those listed below that provide community support programs and services to students and their families. **Applications that do not show evidence that consideration was given to the appropriate services potentially available will be returned for further clarification. Attach additional pages as necessary and indicate the number of pages attached for this section _____.**

Use the codes provided in the key below to indicate the department(s) and agency(ies) contacted. Check the appropriate box(es) below to indicate services/assistance provided. Explain the results of all contacts and any resulting financial assistance. Copies of all correspondence regarding agency contacts, district requests, and agency responses should be maintained at the district level and **are subject to review upon request.**

DEPARTMENT/AGENCY KEY

- | | |
|--|---|
| A = Department of Public Aid | K = Local Mental Health Center |
| B = Department of Human Services | L = Local Youth Services Provider |
| C = Department of Children and Family Services | M = Local Recreation Services Provider |
| F = Department of Corrections | N = Local Substance Abuse Services Provider |
| G = County Probation Agency | O = Private Counseling Service |
| H = Department of Public Health | P = State Psychiatric Hospital/Zone Center |
| I = Division of Specialized Care for Children | Q = Other State/Local Agency |
| J = Community and Residential Services Authority | |

If more space is needed, please attach additional page(s).

<input type="checkbox"/> Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:
<input type="checkbox"/> Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:



Page 5 - Instructions

- Section V: Agencies Contacted
 - Complete for **ALL** Applications
 - List state or local agencies that provide community support and services to students and their families
 - Include agencies contacted to assist with reintegration back to home community
 - Include agencies contacted to assist student with transition to adult services as applicable
 - Can include contacts initiated by the family, the district, or both
 - Use Department/Agency Key
 - Add additional pages if needed



SECTION VI: NEED FOR PRIVATE RESIDENTIAL PLACEMENT — REQUIRED NARRATIVE

Initial Application Only

Please provide a narrative that includes a chronological description of the antecedents to the IEP recommending residential placement. This narrative should minimally include specifics related to the following and should describe of the efforts taken to alleviate the adverse impact of the student's disability:

- The student's educational history from initial entry into school to the present time. This history should include the types of placements that the student has entered, the successes or failures of these placements and the reasons for any failures, the student's academic strengths and weaknesses, a specific description of any behavioral incidents, and any other issues/concerns over the years of school enrollment and a description of actions initiated to remediate these issues/concerns.
- The student's non-educational or social history, including information on the composition of the family and any issues/concerns in the home/community.
- The student's physical health and any identified issues/concerns.
- The student's psychological or emotional health and any identified issues/concerns. This includes information related to any psychiatric hospitalizations and the resulting diagnoses or findings.
- The student's involvement with the courts or other agencies.

Initial and Continuing Applications

All applications must include the following information:

- The student's current levels of educational performance, including information related to functional grade level, achievement testing results, IQ test results, etc.
- A description of the nature or type of program and services to be provided in the residential placement that the school district is unable to provide this student in order to ameliorate the adverse effects of the disability.

Continuing Applications Only

If at the time of an IEP review the student is unable to return to his/her home school, there must be clearly stated specific reasons why the student cannot be appropriately educated locally. Applications for continuing placements subsequent to the initial year of approval for room and board reimbursement must include a description of the continuing issues/concerns/adverse effects that necessitate the continuation of the residential placement, including specific descriptions of the progress or lack thereof in the placement over the year of the approval for room and board reimbursement.



Page 6 (top) - Instructions

- Section V: Need for Private Residential Placement – Required Narrative
 - Initial Applications
 - Chronological description of history prior to residential recommendation (**description of need for placement**), including:
 - Efforts taken to alleviate adverse impact of disability
 - Student’s **ENTIRE** educational history
 - Student’s non-educational or social history
 - Student’s physical health
 - Student’s psychological or emotional health
 - Student’s involvement in court or other agencies

Page 6 (top) – Instructions, cont.

- Required Narrative
 - Initial/Continuing Applications -
 - Present Level of Educational Performance
 - Functional Grade Level
 - Achievement Tests/IQ Tests
 - Description of the program & services that the school district cannot provide
 - For Initial Emergency & Student-Specific placements, this section should also provide a summary the district's inability to place a student in a non-approved program

Page 6 (top) – Instructions, cont.

- Required Narrative (continued)
 - Continuing Applications –
 - Reasons why student cannot return to local district
 - Clearly stated
 - Progress/lack of progress (identified issues, concerns, and adverse effects creating need for continued placement)
 - Educational status update
 - **Note:** Submission of the IEP or evaluation paperwork does not fulfill this requirement.

SECTION VII: REINTEGRATION PLAN

Private residential placement for educational reasons is considered a temporary placement for the purpose of allowing a student to be in an atmosphere in which he/she can adjust and align with the usual expectations for students. It is expected that specific outcomes will be targeted and met within the timeframe of the approval for room and board reimbursement. It is further expected that placement will be short-term as opposed to custodial care. Therefore, plans for reintegration must be made in order to accomplish a smooth transition from the residential placement back into home school/community life.

A Reintegration Plan must be initiated for a student's eventual return to the school district/community even though his/her progress in the residential facility cannot be entirely predicted. This plan must be reviewed and updated at least annually and, for continuing applications, must state what parts of the prior plan have been initiated/completed and what parts continue or need to be revised.

The Reintegration Plan should be detailed as to the specific steps to be taken by the district over the one-year timeframe of the reimbursement approval that will allow for the return and continuing support of the student in the community and schools. Timelines should be attached to specific activities that need to be completed. The plan should include the agencies that need to be contacted for either student or parent/guardian referral purposes; any needs in the school district to be addressed in order to allow the student to return; and the steps to be taken to minimize the adverse effects and to support the student and his/her family in the transition process and/or alternative living arrangements. The plan should finally include information as to the educational setting to which the student is expected to return.

REINTEGRATION PLAN – Complete for Requested Application Period

Use the Reintegration Plan form to complete this section for all applications for the upcoming year or application period (if different). (For students 18 through 21 years of age, please note community resource connections that have been completed with the student's home community in preparation to transition to post-school services.)

ANTICIPATED DATE/ TIMELINE OF ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY



Page 6 (bottom) - Instructions

- Section VII: Reintegration Plan - Initial/Continuing Applications
 - Initiated for student's anticipated return to home district
 - Up to one year
 - Steps taken by district that will allow for return and continual support of student in home community
 - Use table - minimum of monthly contact (may add pages)
 - Involvement of outside agencies
 - Parental involvement
 - District involvement
 - Plan for student to transition to home district. (For students 18-21, include preparation activities for transition to post-school services)

SECTION VIII: REINTEGRATION PLAN — CONTINUING APPLICATIONS

REINTEGRATION PLAN – Past Application Approval Documentation

In addition to the Reintegration Plan Proposal for the future, districts applying for a Continuation Application are required to complete the following chart demonstrating the proposed plan from the previously approved 34-43 Application and the timelines for the completion of the reintegration tasks as noted in that application. (Please complete the chart with the activities that were approved on the previous 34-43 Application and provide the details below.)

ANTICIPATED DATE/ TIMELINE OF ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY



Page 7 - Instructions

- Section VIII – Reintegration Plan – Past Application Approval Documentation
 - Continuing Applications
 - Table should reflect approved Plan from previous approved 34-43 application
 - Note dates activities were completed
 - Note participants
 - Provide a brief description of the activities
 - May attach additional pages
 - Actual documentation does not need to be submitted. However, it should be available for review, if requested.



SECTION IX: GOOD FAITH EFFORT

DOCUMENTATION THAT NO APPROVED FACILITY ACCEPTED THE STUDENT OR NO IMMEDIATE PLACEMENT AVAILABLE

For Initial Applications: The district must complete and attach an Excel spreadsheet to demonstrate its good faith efforts to locate a placement in a facility approved under 23 Ill. Admin. Code 401 but no facility accepted the student or no immediate placement was available. The spreadsheet must contain the following:

- Name of facility (must match the name as listed in the Private Facility Search engine and placed in alphabetical order)
- Facility address
- Facility contact name and number/email
- Date(s) of contact
- Method of contact
- First and last name of person who made contact
- If no referral packet sent, explain why
- Date referral packet sent
- Reason student not accepted
- If accepted, anticipated date of placement or waitlist length
- Additional notes

Every Three Years: At least every three years following the student's placement, the IEP team will review appropriate ISBE-approved placements to determine if there is any approved placement that can meet the student's needs, has accepted the student, and has availability for placement for the student. The district must attach an updated Form 34-34 to demonstrate its good faith efforts to locate placement in a facility approved under 23 Ill. Admin. Code 401, but no facility accepted the student or no immediate placement was available.



Page 8 – Instructions

- Section IX – Good Faith Effort
 - District documentation that no approved facility accepted the student or no immediate placement was available
 - Completed at least every three years following the student’s placement

Page 8 – Instructions, cont.

- Section IX – Good Faith Effort
 - Documentation must include:
 - Name of facility
 - Facility address
 - Facility contact name and number/email
 - Date(s) and method of contact
 - Name of district employee who made contact
 - If no referral packet sent, explain why
 - Date referral packet sent
 - Reason student not accepted
 - If accepted, anticipated date of placement or waitlist length
 - Any additional notes



SECTION X: SATISFACTORY PROOF

SATISFACTORY PROOF

The district must attach a narrative to demonstrate the following:

1. THE FACILITY DEMONSTRATES APPROPRIATE CERTIFICATION OF TEACHERS FOR THE STUDENT POPULATION. Describe how the district has verified that the teachers are certified for the student population it serves. ISBE reserves the right to ask for documentation.
2. THE FACILITY DEMONSTRATES AGE-APPROPRIATE CURRICULUM. Describe the facility's curriculum and its appropriateness to the specific student. This description should also include how academic assessments administered by the nonpublic facility to the student are the same as those administered to other individuals served in the program who are of approximately the same age.
3. THE FACILITY PROVIDES ENROLLMENT AND ATTENDANCE DATA. Describe how the facility will provide enrollment and attendance data to the district.
4. THE FACILITY DEMONSTRATES THE ABILITY TO IMPLEMENT THE CHILD'S IEP. Describe how the facility will implement the entirety of the child's IEP. Specifically describe how the special education and related services will be provided
5. THE RESIDENTIAL FACILITY DEMONSTRATES THAT THE FACILITY IS PROVIDING SPECIAL EDUCATIONAL SERVICES ITSELF PER THE REQUIREMENTS of 23 Illinois Administrative Code 226.330(g) which states "A school district may place a student in a nonpublic special education facility ("facility") providing *educational services*..."



Page 8 – Instructions

- Section X – Satisfactory Proof
 - Attach a narrative with the following information:
 - *Appropriate teacher certification for the student population:* describe how this was verified.
 - *Age-appropriate curriculum:* describe the curriculum and its appropriateness for the specific student; also, should include information about how academic assessment will be administered
 - *Enrollment and attendance:* describe plan for the facility to provide enrollment and attendance information
 - *Implementation of IEP:* describe how the facility will implement the entirety of the student’s IEP (e.g., special education, related services, accommodations and modifications, etc.)
 - *Provision of special education services:* the facility must provide the special education services themselves



SECTION XI: CALENDAR

CALENDAR: The district must submit a copy of the facility's school calendar and, if fewer than 365 days, the facility's residential calendar. Calendars are necessary for the calculation of reimbursement. (Please include all calendars applicable for a one-year period.)

CALENDAR (Continuing Applications): If available, submit the facility's school calendar for the following school year and, if fewer than 365 days, the facility's residential calendar for the following school/residential year.)

REIMBURSEMENT: 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.



Page 8 – Instructions

- Section XI - Calendar
 - Initial & Continuing Applications
 - School calendar and residential calendar (if fewer than 365 days)
 - Must be received for approval and for the purposes of calculating the rate of reimbursement
 - All applicable calendars for a one-year period
 - Reimbursement for allowable room and board and tuition costs are subject to the proration methodologies as determined under ILCS 5/14-7.02



SECTION XII: ADDITIONAL FACILITY CONTACT INFORMATION

In order to gather information to establish rates for private facilities that are not approved by ISBE, the following additional contact information is needed. This information is necessary before the district can begin claiming reimbursement

OFFICIAL NAME OF THE NONPUBLIC PROGRAM		TELEPHONE NUMBER (Include Area Code)	
SITE ADMINISTRATOR		TITLE	SITE ADMINISTRATOR EMAIL ADDRESS
ADDRESS(ES) (Street, City, ZIP Code)			COUNTY
NAME AND TITLE OF CONTACT PERSON AND LOCATION		TELEPHONE NUMBER (Include Area Code)	EMAIL OF CONTACT PERSON
OPERATING OR SPONSORING ORGANIZATION (IF APPLICABLE)			TELEPHONE NUMBER (Include Area Code)
CHIEF EXECUTIVE OFFICER NAME		CHIEF EXECUTIVE OFFICER EMAIL ADDRESS	
ADDRESS (Street, City, ZIP Code)			
CONTACT INFORMATION FOR INDIVIDUAL RESPONSIBLE FOR BILLING AND RATE INFORMATION			



Page 9 – Instructions

- Section XII – Additional Facility Contact Information
 - Initial & Continuing Applications
 - District must submit for approval and for the purposes of calculating the rate of reimbursement



Pages 9 & 10

SECTION XIII: ASSURANCES

The district hereby assures that:

- (i) The district made good faith efforts to locate placement in a facility approved pursuant to 23 Ill Admin Code 401 and no approved facility accepted the student or no immediate placement was available.
- (ii) The nonpublic facility has appropriately licensed teachers and related service personnel for the student.
- (iii) The nonpublic facility offers an age-appropriate curriculum and services are delivered in an age-appropriate setting.
 - The academic assessments administered by the nonpublic facility to the student are the same as those administered to other individuals served in the program who are of approximately the same age.
- (iv) The nonpublic facility has the ability to implement the student's IEP.
- (v) The nonpublic facility will submit attendance records to the district. The district will provide ISBE a copy of the attendance records upon request.
 - The district provided ISBE a copy of the nonpublic facility's school calendar for the academic year of placement. (See Section XI on page 8.)
- (vi) The district agrees to enter the student information into the I-Star data system.
- (vii) The district accepts responsibility for the student while placed in the nonapproved facility and does not hold the State Board of Education responsible for any liability associated with any safety and health concerns that arise due to the student's placement in this nonapproved facility.
- (viii) The district has submitted this form and corresponding documents. The district understands that failure to submit all documents will exclude the district from receiving reimbursement. 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 5/14-7.02.
- (ix) The district has verified that the residential facility can demonstrate that the facility itself is providing special education and can meet the requirements of 23 IAC 226.330(g)(1)-(5) that states "A school district may place a student in a nonpublic special education facility ("facility") providing educational services..."



Page 9 & 10 - Instructions

- Section XIII – Assurances:
 - Required Signatures (may be e-signatures)
 - District Superintendent Name and Information
 - District Superintendent signature required
 - State-Approved Director
 - If part of Cooperative – Must be the Cooperative State-Approved Director (Not district level director)
 - If part of a Cooperative – Name of Cooperative and Information
 - State-Approved Director signature required

Final Notes

- For both Form 34-37 Room and Board Application Submission & Form 34-43

Submit PRIOR to placement

Submit Form 34-37 to 3437RnB@isbe.net

Submit Form 34-43 to 34_43Reimb@isbe.net



Form 34-37 – Basic Documents

- Room and Board Reimbursement Form 34-37 – Basic documents needed for completed application:
 - 34-37 Application
 - DCFS Interstate Compact initiated for out-of-state placements
 - 19-83 Nonpublic Facility Placement Form
 - Narrative – including chronological description of the antecedents to the Individual Education Program recommending residential placement
 - Reintegration Plan – future information
 - Reintegration Plan – past information and documentation
 - Signatures of State-Approved Director and District Superintendent



Form 34-43 – Basic Documents

- Room and Board Reimbursement Form 34-43 – Basic documents needed for completed application:
 - 34-43 Application
 - DCFS Interstate Compact initiated for out-of-state placements
 - Narrative – including chronological description of the antecedents to the Individual Education Program recommending residential placement
 - Reintegration Plan – future information
 - Reintegration Plan – past information and documentation
 - Good Faith Effort documentation
 - Satisfactory Proof documentation
 - Facility Calendars
 - Signatures of State-Approved Director and District Superintendent



Resources

- The Room and Board Reimbursement Forms 34-37 & 34-43 can be located on the Illinois State Board of Education (ISBE) Webpage at https://www.isbe.net/Documents/34-37_residential_room_board.pdf and <https://www.isbe.net/Documents/Form-34-43.pdf>
- Private Facilities Search is located at <https://apps.isbe.net/pfsearch/>
- Nonpublic Facility Placement Contract Form 19-83 is located at https://www.isbe.net/Documents/19-83_nonpublic_facility.pdf#search=19%2D83
- State of Illinois Department of Children and Family Services – Interstate Compact Placement Request (This form is to be used for students who are under the age of 18 and being placed residentially in an out-of-state facility.)
 - Interstate Compact Office 217-785-2680
 - Interstate Placement Request Information can be located at DCFS.InterstateCompactGeneral@Illinois.gov



ISBE Contact Information

- For assistance with Room and Board Reimbursement (34-37/34-43 Approvals) or other questions re: residential placement
 - Amanda Clay – aclay@isbe.net; (217) 782-5589
 - 3437RnB@isbe.net or 34_43Reimb@isbe.net



ISBE Contact Information, cont.

- For questions regarding Room & Board and/or Tuition Claims, please call the ISBE Department of Funding & Disbursements (217) 782-5256
- For questions regarding I-Star, please reference [https://www.hbug.k12.il.us/istarguide/index.php?title=I-Star Student User Guide](https://www.hbug.k12.il.us/istarguide/index.php?title=I-Star%20Student%20User%20Guide) or call Harrisburg Project (800) 635-5274