

AUTISM SCHOLARSHIP PROGRAM 2024-2025 STUDENT APPLICATION

*** Student Data Must Match Birth Certificate ***

STUDENT INFORMATION

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ CITY OF BIRTH: _____ GENDER: FEMALE MALE

NATIVE LANGUAGE: _____ MOTHERS MAIDEN NAME: _____

LAST FOUR DIGITS SSN#: _____ CURRENT GRADE LEVEL 2023-2024: _____ GRADE LEVEL 2024-2025: _____

ETHNICITY : Asian/Pacific Islander American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 (Select Only One) Black/Non-Hispanic Multiracial Hispanic White/Caucasian/Non-Hispanic

IS YOUR STUDENT REGISTERED FOR HOME SCHOOLING? OR ATTENDING A PRIVATE SCHOOL?

REGISTERED AS HOME SCHOOLED: YES NO

IF NO, PROVIDE NAME OF PRIVATE SCHOOL STUDENT WILL ATTEND: _____

PRIMARY GUARDIAN

I AM THE (CHECK ONE): Natural Parent Adoptive Parent Residential Parent Student that is at least eighteen years of age
 Legal Guardian of student applying for scholarship funds

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ SSN# LAST FOUR DIGITS: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ E-MAIL: _____

RELATIONSHIP TO STUDENT: _____ IN WHAT COUNTY DO YOU LIVE? _____

IN WHAT SCHOOL DISTRICT DO YOU LIVE? _____

SECONDARY GUARDIAN

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ SSN# LAST FOUR DIGITS: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ E-MAIL: _____

RELATIONSHIP TO STUDENT: _____

THIS FORM MUST BE RETURNED TO THE PROVIDER WITH CURRENT PROOF OF ADDRESS

Proof of residency is required of all first year and renewal applicants and must be submitted to the school with the application. Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

Other Acceptable Documents: A monthly mortgage statement (less than 90 days old) **OR** lease/rental agreement (signed by lessee and lessor) **AND** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address. ***[Additional information can be found on the scholarship webpage.](#)***

I _____ **AGREE TO THE FOLLOWING:**
 (Parent Name)

1. The information provided on the application is true and accurate;
2. I have submitted only one Autism Scholarship application for this student;
3. I have received the fee and service agreement;
4. I understand that acceptance of a scholarship relieves the school district of residence and the school district in which the student is entitled to attend school, if different, of the obligation to provide the child with FAPE;
5. I will inform the provider, my district of residence, and the department immediately of any change in the student's residential address, contact information or custody status;
6. I will inform the department, my provider and my district of residence of my withdrawal from the program and the return to the public school system;
7. I will inform the department of the addition or change of a selected service provider;
8. I will sign all scholarship checks received by my providers for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the provider, I will be responsible for paying the student's tuition and fees;
9. I understand that the scholarship can only be used for my child's tuition and services outlined in their IEP;
10. I understand that the scholarship can only be applied to the tuition and fees of the provider(s), and that I will be required to pay tuition and services that exceed the amount of the scholarship and services and costs as prescribed by the policies of the provider.

I authorize the Ohio Department of Education and Workforce, my school district of residence, the district of my nonpublic school and my selected providers to share the following information regarding my child: current and past Individualized Education Program (IEP), Evaluation Team Report (ETR), data for the IEP and ETR development including progress and interim reports.

BY SIGNING BELOW, I AGREE TO ALL THE ABOVE STATEMENTS.

I AUTHORIZE: _____

Name of Provider) to apply on my behalf for the Scholarship Program through the Ohio Department of Education and Workforce's electronic application system.

Signature of Primary Guardian: _____ **Date:** _____

THIS FORM MUST BE RETURNED TO THE PROVIDER WITH CURRENT PROOF OF ADDRESS

NEW STORY SCHOOLS BILLING POLICY AND FEE SCHEDULE OUTREACH PROGRAMS
2024-2025 Academic Year (Effective July 1st, 2024)

New Story Schools bills according to a fee schedule (see below) which is published at the beginning of each academic year. New Story Schools Outreach accepts the Autism Scholarship, and private payments to cover fees.

Home-Based Programs (a.k.a. Outreach)

The billing rates are as follows:

Monthly Service: \$2704.58 each month for 12 months.

- Includes:
 - 20-30 hours per month of available Aide Services
 - This includes service hours canceled by the client with less than 24 hour notice.
 - 1-2 hours per month of Program Supervision

Pro-rated Service:

- Aide Services: \$90 per hour
- Education, Behavior, or Intervention Services-performed by a licensed teacher or BCBA: \$120 per hour
- Program Supervision performed by a Consultant: \$250 per hour
- Other services: billed on a per-hour basis at various rates (service estimate may be provided)

Parents may also choose to pay privately for Outreach services. Private payment requires a \$1,000 deposit which will be held for the duration of the program. This deposit will be applied to any outstanding charges or refunded at the close of the program or the end of private-pay.

I have read and agree with the terms above.

Printed Name

Signature

Date

NEW STORY SCHOOLS PAYMENT RESPONSIBILITY AGREEMENT OUTREACH PROGRAMS
2024-2025 Academic Year

1. I understand that New Story Schools, LLC is an educational and behavioral service provider and will provide services according to my child's IEP. These services may include: academic education (math, reading, writing, etc.), life skills training (daily living skills, independence skills, community skills, transition services, etc.), and behavior modification (behavior plans, assessments, etc.). However, I understand that NSS will only provide the services in my child's IEP that NSS is equipped to provide and therefore may not address every IEP goal. Additionally, I understand that NSS is not obligated to provide services not listed in my child's IEP as an Autism Scholarship provider.
2. I understand that NSS will bill the Ohio Department of Education (ODE) Autism Scholarship Program for services provided to my child (as described above). I will certify scholarship payments physically and or electronically when required.
3. Alternatively, I may choose to forego payment certification for the Autism Scholarship and pay the fees out-of-pocket instead.
4. I understand that my child's Autism Scholarship expires each year and I must re-apply before it expires in order to renew it for the following academic year. If I fail to do so, my child may lose their placement for the next year at NSS.
5. I understand that any sessions canceled with less than 24 hour notice, will still be applied toward the monthly hours for the monthly service rate.
6. I have read the Billing Policy and Fee Schedule above and understand/agree to the terms and rates.
7. If I wish to withdraw my child from an NSS program, I will submit written notice (email is okay) 14 days prior to the withdrawal date. Fees will be prorated at the rates specified in the billing policy and fee schedule.
8. I am responsible for any legal or collection fees incurred in settling delinquent accounts for out-of-pocket fees, such as after-school programs, summer program or private-pay services. I will be assessed a \$25 service charge on all returned/bounced checks.
9. I understand that **ALL** payments are non-refundable.

I have read and agree with the terms above.

Printed Name

Signature

Date

Ohio Home Education Notification Form

EFFECTIVE OCTOBER 3, 2023

Sec. 3321.042. (A) As used in this section, "home education" means the education of a child, between the ages of six and eighteen years of age, that is directed by the child's parent. "Home education" does not include education provided to a child who is enrolled full time in a public or chartered nonpublic school. (B) A child receiving home education in the subject areas of English language arts, mathematics, science, history, government, and social studies is exempt from section 3321.04 of the Revised Code. (C) Within five calendar days after commencing home education, moving into a new school district, or withdrawing from a public or nonpublic school, and by the thirtieth day of August each year thereafter, the parent or guardian of a child receiving a home education shall transmit a notice to the superintendent of the child's school district of residence. The notice shall provide the parent's name and address, the child's name, and an assurance that the child will receive education in the subject areas required under this section. The child's exemption under this section is effective immediately upon receipt of notice.

The use of this form is optional, and parents may choose another format so long as all required information is included.

This document serves as our notification of home education for the 20_____ / 20_____ school year in accordance with ORC §3321.042.

Student Name: _____

Parent/Guardian Name: _____

Address: _____

The following compulsory aged child(ren) will receive home education in the subject areas of English language arts, mathematics, science, history, government, and social studies in accordance with Ohio Revised Code §3321.042:

In accordance with ORC §3321.042, the district superintendent shall respond with a written acknowledgment within 14 calendar days of receipt of this notice. A child exempt under this section shall not be required to be excused under section 3321.04 of the Revised Code.

We hereby inform the school board that no personally identifiable information, including directory information as defined in Ohio Revised Code §3319.321(B)(1), should be released without our prior written consent.

Parent/Guardian Signature

Date

REQUEST TO MODIFY SERVICES INSTRUCTIONAL ASSISTANT/ AIDE

This form must be completed when the provider and parent have agreed to aide services not listed by the district on the IEP. This form must be signed by the parent/guardian and the provider official prior to submitting to the scholarship office for approval.

***A new modification will need to be completed with each IEP renewal.**

STUDENT NAME: _____ DATE OF BIRTH: _____

PROVIDER NAME: _____ IRN: _____

SERVICE: Instructional Assistant / Aide AREA (Please Check One): ACADEMIC BEHAVIOR

SERVICE PROVIDED BY (NAMES(S)): _____

FREQUENCY: _____ MINUTES _____ HOURS / DAILY WEEKLY MONTHLY

SUPERVISION PROVIDED BY (NAME(S)): _____

FREQUENCY: _____ MINUTES _____ HOURS / DAILY WEEKLY MONTHLY

SCHOLARSHIP PROGRAM: AUTISM JON PETERSON

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

MEASURABLE ANNUAL GOAL:

Aide Services to provide support and reteaching under the supervision of other licensed professional. Please see OAC 3301-25-10 or ORC 3319.088 for supervisory information.

MEASURABLE OBJECTIVES OR BENCHMARKS:

Existing IEP Objectives

Parent Name (please print): _____

Parent Signature: _____ Date: _____

Provider Official Signature: _____ Date: _____

TO SUBMIT:

1. Upload the signed and completed form to the DOCS tab using the "Services or Goals Modification" link.
2. Email the scholarship office with the student's SSID or app ID to request review/approval of the service(s).