

AUTISM SCHOLARSHIP PROGRAM 2026-2027 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 2025-2026: _____ GRADE LEVEL 2026-2027: _____

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

WILL YOUR STUDENT BE HOME EDUCATED? OR ATTENDING A PRIVATE SCHOOL?

HOME EDUCATED: 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 or AEP;
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 & 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), Autism Education Plan (AEP), 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 & Workforce's electronic application system.

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

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

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AUTISM & JON PETERSON SCHOLARSHIP PROGRAMS

ACCEPTABLE FORMS OF ADDRESS PROOF

Proof of residence is required of all first-year and renewal applicants. Documents submitted must contain the parent/guardian's name, current address and the full date. The date should be current (within 90 days). Handwritten address proof (e.g., receipts, notes, etc.) and post office boxes are not acceptable. The utility bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the Parent/Guardian. Parents/guardians must document residency by providing the scholarship provider with one of the following utility bills (to be accompanied with their scholarship application):

1. Electric
2. Gas
3. Water
4. Sewer
5. Cable/Internet
6. Monthly mortgage statement
7. Lease/rental agreement (the entire document including the signatures of both parties) **AND** one other form of address proof (like a pay stub, bank statement, insurance statement, car payment statement, etc). **Note:** A lease/rental agreement by itself IS NOT SUFFICIENT address proof; it must be accompanied by another form of address) proof.

If the student's parent/guardian has no utilities in his/her name, then the parent/guardian must provide the following:

1. A signed and notarized statement from the person (i.e., third party) with whom the parent/guardian and the student live or from whom they rent that confirms that they reside at the address. This letter must be from the third party, not the parent/guardian.
2. A copy of a current utility bill in the name of that third party, AND
3. A copy of a piece of current business type mail in the name of the parent/guardian.
 - a. Business mail would be things such as pay stubs, car notes, car insurance, monthly bank statements, and official document from a government agency. It must be a business with which the parent/guardian is currently doing regular business.
 - b. NO credit card solicitations or service set-up work orders. NOTHING HAND WRITTEN.

Below are examples of how this alternative works:

Example #1: Ms. Smith's daughter has an Autism scholarship. She and her daughter reside with her uncle, Mr. Brown. Mr. Brown will need to write or type a statement and have it notarized, which should include him signing the statement in front of a notary. He will also need to provide a copy of a current utility bill in his name, since he owns or rents the property. Ms. Smith must provide a copy of last month's bank statement. Compiled together, this alternative will suffice as proof of residence for the student regarding the current school year. She must do this annually. If she should move and obtain utilities in her name, then this alternative method is no longer her option and she must comply with the required utility bill requirement instead.

Example #2: Mr. Johnson's son has a JPSN scholarship. Mr. Johnson and his son live in an apartment. All of the utilities are included in the price of the rent, so Mr. Johnson does not receive any utility bills in his name. Mr. Johnson will need to obtain a notarized letter from the rental office confirming that he and his son live in the apartment. Mr. Johnson will also need to provide another form of address proof, such as a current pay stub or bank statement.

Unacceptable proof of address includes tax forms, junk mail, and driver's licenses. Old and outdated address proof is also unacceptable.

Parents/guardians must remember to keep the provider informed of any address changes that occur and to submit the required documentation to ensure continued program eligibility

NSS BILLING POLICY 2026-2027: Outreach

The billing rates are as follows for in person and virtual services. Service:

- Aide Services: \$81 per hour for group services and \$98 per hour for individual services.
- Behavior or Intervention Services performed by a licensed teacher, BCBA or Psychologist: \$216 per hour for group services and \$273 per hour for individual services.

Parents/Guardians 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.

All New Story of Ohio – Outreach Program services are billed on a per-minute basis.

NEW STORY SCHOOLS OHIO
Payment Responsibility Agreement *Outreach Program
2026-2027

1. I understand that New Story Schools Ohio (NSS Ohio) is an educational service provider and will provide services according to my child's IEP. These services may include: intervention, 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 Ohio will only provide the services in my child's IEP that NSS Ohio is equipped to provide and therefore may not address every IEP goal. Additionally, I understand that NSS Ohio is not obligated to provide services not listed in my child's IEP as an Autism Scholarship or Jon Peterson Special Needs Scholarship provider.
2. I understand that NSS Ohio will bill the Ohio Department of Education (ODE) Autism Scholarship Program or Jon Peterson Special Needs 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 or Jon Peterson Special Needs Scholarship and pay the fees out-of-pocket instead.
4. I understand that I am responsible to sign any required ODE forms, (e.g. Requests to Modify, Allocation, Acceptance forms, etc.if applicable) as requested from the school office in order to bill my student's scholarship. Failure to sign these forms and or not return them in a timely manner could jeopardize my student's enrollment by having to temporarily suspend services until the required forms are completed. I also understand that I may be responsible and billed for any tuition cost that may have occurred by failure to provide the requested forms.
5. I understand that my child's Autism Scholarship or Jon Peterson Special Needs Scholarship expires each year and I must reapply 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 Ohio.
6. I have read the Billing Policy and Fee Schedule on the previous page understand/agree to the terms and rates.
7. If I wish to withdraw my child from a NSS Ohio 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 afterschool programs, summer school 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 acknowledge the terms above.

Parent/Guardian's Name (or student if over 18)

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/AEP. 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. * Virtual aide services are not permissible for CNPs.**

STUDENT NAME: _____ DATE OF BIRTH: _____

PROVIDER NAME: _____ IRN: _____

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

SERVICE PROVIDED BY (NAME): _____

FREQUENCY: _____ MINUTES _____ HOURS / DAILY WEEKLY MONTHLY

SUPERVISION PROVIDED BY (NAME): _____

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 and ORC 3310.43 for instructional assistant information.

MEASURABLE OBJECTIVES OR BENCHMARKS:

Existing IEP/AEP 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).

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