

MISSISSIPPI DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION  
EDUCABLE CHILD PROGRAM  
P.O. BOX 771, SUITE 301  
JACKSON, MS 39205

INSTRUCTIONS FOR COMPLETING THE DEPARTMENT OF HUMAN SERVICES APPLICATION  
FORM: (DI-SE-F68)

**General Directions:**

- . Please print or type.
- . Complete all blanks or provide an explanation as to why it was left blank.
- . For Session: Put dates of current school year.

**Section 1: INFORMATION PERTAINING TO STUDENT:**

- . Use child's legal name – DO NOT USE NICKNAME.
- . Complete Date of Birth, Age, Sex and Race.
- . Complete MSIS ID number or SS number.
- . Provide Date of Current Eligibility located on the Determination of Eligibility.
- . Provide the date of the Annual IEP date and the Revised IEP (if applicable).
- . Circle the type of Disability. This should be the same information as shown on the Determination of Eligibility.

**Section 2: INFORMATION PERTAINING TO GUARDIAN OR PERSON STANDING  
IN LOCO PARENTIS TO STUDENT:**

- . Provide name of State Agency and address.
- . Provide name and email address for person responsible for child (i.e. foster parent/surrogate parent).
- . Provide County of Responsibility (COR), Contact Person and Email address. COR is the county that placed the student in DHS custody.
- . Provide County of Service (COS), Contact Person and Email address. COS is the county that services the student.
- . Provide name of facility that the State agency recommends.

**Section 3: CERTIFICATION OF SCHOOL/FACILITY DIRECTOR OR DULY-AUTHORIZED  
OFFICIAL:**

- . Complete the Name of the school.
- . Complete address, city, state and zip of the school district.
- . Complete Date services began to Date School session ends and Total number of session days
- . Check type of placement for student.
- . Have the Private School Official sign and date the document.

NOTE: An incomplete application or missing documents will result in the application being returned and will delay approval. Make sure all documents submitted are legible. Faxed copies are not acceptable.

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Application for Financial Assistance when Placing a Foster Child with a Disability in a Private Facility **(PINK FORM)**

SESSION 20\_\_\_\_ - 20\_\_\_\_

APPLICATION MUST BE COMPLETE (Please Type or Print)

1. INFORMATION PERTAINING TO STUDENT

Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
(Month) (Day) (Year)

MSIS ID # \_\_\_\_\_ OR SSN \_\_\_\_\_

DATE OF CURRENT ELIGIBILITY: \_\_\_\_\_

DATE OF CURRENT IEP: \_\_\_\_\_

TYPE OF DISABILITY (Circle the Child's Primary Disability)

- |                                 |                             |
|---------------------------------|-----------------------------|
| 1. Intellectual Disability      | 8. Other Health Impairment  |
| 2. Specific Learning Disability | 9. Multiple Disabilities    |
| 3. Language/Speech Impaired     | 10. Autism                  |
| 4. Hearing Impaired             | 11. Developmentally Delayed |
| 5. Visually Impaired            | 12. Traumatic Brain Injury  |
| 6. Deaf-Blind                   | 13. Orthopedic Impairment   |
| 7. Emotional Disability         |                             |

2. INFORMATION PERTAINING TO GUARDIAN OR PERSON STANDING IN LOCO PARENTIS TO STUDENT

State Agency \_\_\_\_\_

Address \_\_\_\_\_  
(Street, Route and/or Box No.) (City) (State) (Zip)

Person responsible for Foster Child \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

(Email address of person responsible for student)

County of Responsibility \_\_\_\_\_ Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

County of Responsibility \_\_\_\_\_ Area Supervisor Name \_\_\_\_\_ Email Address \_\_\_\_\_

County of Service \_\_\_\_\_ Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

State Agency recommends placement at \_\_\_\_\_  
(Name of Facility)

I am submitting with this application a copy of the court order/legal document which grants custody of the child to the Department of Human Services (DHS) or other state agency. DHS will appoint a surrogate parent on behalf of the student. The information submitted in this application is true and correct to the best of my knowledge and belief. I am aware that only claims for assistance with the below approved signature will be honored.

\_\_\_\_\_  
(Department of Human Services Representative Signature)

\_\_\_\_\_  
(Date)

NOTE: If there is any change in legal parent, guardian or person standing IN LOCO PARENTIS, address, or school attending, notify the MS Department of Education, Office of Special Education, immediately by submitting the change in writing.

3. CERTIFICATION OF SCHOOL/FACILITY DIRECTOR OR DULY-AUTHORIZED OFFICIAL

Name of School \_\_\_\_\_

Address \_\_\_\_\_ (Street), \_\_\_\_\_ Route \_\_\_\_\_  
and/or Box No. (City/Town) (State) (Zip)

I, being the director or duly-authorized official of the above-named private school, certify that the above-named student has been accepted in our school and that written permission for placement has been obtained after information regarding Federal and State regulations has been provided. Actual attendance in the special education program for this school session will be from:

\_\_\_\_\_ - \_\_\_\_\_  
(Date services began) (Date this school session ends) (Total number of session days)

- \_\_\_\_\_ Psychiatric Day Treatment
- \_\_\_\_\_ Psychiatric Residential Treatment Facility (PRTF)
- \_\_\_\_\_ Intermediate Care Facility for the Intellectual Disability (ICF-ID) Day Treatment
- \_\_\_\_\_ Intermediate Care Facility for the Intellectual Disability (ICF-ID)

I hereby certify that the above-named private school has met all requirements of the Mississippi Department of Education to provide educational services for children with disabilities. I understand that both an eligibility ruling and a meeting to develop an Individualized Education Plan for this student must have taken place before any financial assistance may be obtained.

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(Date)

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(Signature and Title of School Official)