MARYLAND STATE DEPARTMENT OF EDUCATION
Division of Early Intervention and Special Education Services
NONPUBLIC TUITION ASSISTANCE PROGRAM APPLICATION FOR FISCAL YEAR 2023
MSDE APPROVED DAY AND RESIDENTIAL PROGRAMS

New ○   **Renewal** ○   **Re-Entry** ○   **Discharge** ○   **Service Revision** ○   **Correction** ○

I. STUDENT INFORMATION

Student's Name _____ , _____ _____ Financially Responsible LEA _____
Last   *First*   *Middle*

DOB _____ Gender _____ Ethnicity - Hispanic? _____ Race: ___ ___ ___ ___ ___
                                                                        AI/AN Asian B/AA NWOPI White

Disability Code _____ Grade _____ Unique ID __ __ __ __ __ __ __ __ __ __

Medical Assistance Number _____ LEA Contact Person _____

Phone Number _____ Email Address _____

II. IEP PLACEMENT INFORMATION

School Placement Requested _____ Day or Residential _____

Entry Date this Current FY _____ Discharge Date _____ Revision Date _____

Explain: Discharge, Revision, Correction, or 1:1 variance: _____

III. REQUESTED REIMBURSEMENT for IEP SERVICES

Standard Education and Related Services ☐   Residential Services ☐

Extended School Year Services ☐

RELATED SERVICES AND IEP SERVICES NOT INCLUDED WITHIN STANDARD SERVICES

Service	Billable Units of Srv.	IEP Frequency	Service	Billable Units of Srv.	IEP Frequency	Service	Billable Units of Srv.	IEP Frequency
Audiology	_____/Hour		Physical Therapy	_____/Hour		Speech-Language Pathology Services	_____/Hour	
Counseling Services	_____/Hour		Psychological Services	_____/Hour		One to One Classroom Aide	_____/Hour	
Medical Services	_____/Hour		Recreation	_____/Hour		One to One Non Classroom	_____/Hour	
Occupational Therapy	_____/Hour		Rehabilitation Counseling	_____/Hour		Intensive Behavior Mod	_____/Hour	
Orientation and Mobility Serv.	_____/Hour		School Health Services	_____/Hour		Extended Day	_____/Hour	
Parent Counseling and Training	_____/Hour		Social Work Services	_____/Hour		Other	_____/Hour	

IV. RESIDENTIAL PLACEMENT: *Complete this section only when student is in a Residential Placement*

PLACING AGENCY   **FUNDING SOURCE**

_____ _____   _____ _____

MSDE Stamp Only
Date Received:

NSS/NTAP FORM FY 2023
July 1, 2022

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V. VERIFICATION / ASSURANCE

This application is submitted to request approval of funding in accordance with Education Article 8-406 for the named day or residential placement and services indicated in order for the above named student to achieve the objectives specified on both the educational portion of the individualized education program (IEP) and the educational components of the residential treatment program (if applicable) in accordance with the requirements and conditions of COMAR 13A.05.01 and COMAR 13A.05.02. A cost sheet accompanies this application to confirm the annual rate of charges for the services marked.

I hereby certify that this request for Nonpublic Tuition Assistance is based upon an IEP which was developed in accordance with federal and State laws and approved by the student's parent, guardian, or parent surrogate.

A review of measurable annual goals, including benchmarks or short-term objectives, has been completed in accordance with federal and State laws. The requested day or residential placement can provide an appropriate educational program in the least restrictive environment for this student. The rationale and supporting documentation for this placement, including the IEP, annual review, progress reports, and assessments/evaluations are on file at:

_____   *COST SHEET ATTACHED*   YES ☐
　　　　(Site Location/ Local Education Agency)

The signature of the Local Education Agency Special Education Supervisor/Director or designee verifies that all information in this application is correct and assures that applicable compliance standards have been met. This information will be made available to MSDE upon request.

Date_____ **Signature** _____
　　　MM/DD/YY　　　　　　　　**LEA SPECIAL EDUCATION SUPERVISOR/DIRECTOR OR DESIGNEE**
　　　　　　　　　　　　　　　　　Financially Responsible Local Education Agency

MSDE OFFICE USE ONLY

MSDE Stamp Only Second Date Received:		MSDE Review and Approval Dates, Initials, and Comments
	Demographic Review:	
	Program Review:	

Compliance Notice

Date: _____

Sections I and II Only	IEP Services/Other

Demographic Match is Required.

		IEP Services/Other
☐ Last Name	☐ Disability	
☐ First Name	☐ Grade	
☐ Middle Name	☐ Unique ID	_____
☐ Financial LEA	☐ School Placement	_____
☐ DOB	☐ Entry Date	_____
☐ Gender	☐ Discharge Date	_____
☐ Ethnicity	☐ Revision Date	_____
☐ Race	☐ Explanation Required	_____

*** Please follow the NTAP application directions when completing this form.