

Division of School Finance Special Education Funding and Data 400 NE Stinson Blvd Minneapolis, MN 55413

Special Expenditure Application Out-of-State Tuition for Minnesota Residents 2023-24

ED-02431-17 **DUE: 11/30/2024**

General Information and Instructions: The Minnesota Department of Education (MDE) **will not accept** handwritten applications. Please use the online form process to complete this application. This form and supporting documentation provides MDE with the necessary information to document the eligibility of a student for out-of-state tuition revenue.

Use **one** form for each student placement. If the student has multiple placements in out-of-state programs, use a separate application for each placement. MDE will use application information, supporting documentation, Minnesota Automated Reporting Student System (MARSS) record, and tuition billing to calculate the special education tuition payment.

Minnesota Statutes 2023, section 125A.79, subdivision 8: "Out-of-state tuition. For children who are residents of the state, receive services under section 125A.76, subdivisions 1 and 2a, and are placed in a care and treatment facility by court action in a state that does not have a reciprocity agreement with the commissioner under section 125A.155, the resident school district shall receive special education out-of-state tuition aid equal to the amount of the tuition bills, minus (1) the general education revenue, excluding basic skills revenue and the local optional levy attributable to the pupil, calculated using the resident district's average general education revenue per adjusted pupil unit, (2) the referendum equalization aid attributable to the pupil."

Applicant District Information									
SEDRA Line #	District Name:					District Number and Type:			
Address:			City:				ZIP Code:		
Contact Person:			Email Address:			Telephone Number:			
Full Name of Placing	Agency (e.g., Ramsey (County Human Serv	vices): (*Required)			Dates of P	lacement (MM/DD/YYYY): to		
Funding Source Code	2:	Service Code	:	Disabilit	y:	Grade:			
Student Last Name:				Stude	ent First Name:				
Date of Birth (MM/DD/YYYY): Gender: MARSS Number (13		3 digits): School Number		School Number:	Enrollment State Date (mm/dd/yyyy):				
	e Unit Type:	·	diture Amount:			Fac	cility ID Code:		
Line Description: Ful	l Name of Care and Tre	atment Facility: (* F	Required)						

There must be a record for the student entered in MARSS for t	he Regular School Year (RSY).						
The dates of placement for an RSY application must match the	MARSS record begin and end dates.						
Do not combine RSY and Extended School Year (ESY)/Summer S	ession placements on the same applica	tion.					
Cost of special education services.							
\$							
Eligible certification: Student must meet all criteria and submit	required documentation to be eligible:						
$\ \square$ Student placed by the courts or human services not	the parents or the school district. *Pla	cement documentation required					
☐ Student had an Individualized Education Program (IEP) in effect for the time that the student was in placement.							
☐ Placement is a care and treatment facility.							
☐ District must submit MARSS Report 17 for RSY 2023	-24. *Report required						
☐ District must submit copies of the paid invoices. *In	voices required						
☐ District must demonstrate they broke out invoices I	by general and special education. *Brea	kout required.					
 District certifies that the invoices attached are only lodging. 	for special education services, not gene	ral education, care and treatment or bo	ard and				
☐ District must enter special education portion of sturnumber required.	dent expenditure in the Special Educati	on Data Reporting Application (SEDRA). *	SEDRA line				
MDE cannot process the application if application is not compsee Section 20 – Special Education Tuition Fund Applications of Districts, Schools and Educators > Business and Finance > Schools Education Funding and Data (mde.spedfunding@state.mn.us).	the <u>Special Education Funding Guide</u> (Fi	om the MDE homepage (https://educati	on.mn.gov) >				
District Name:		District Number and	Type:				
Ce	rtification of Information						
I certify that to the best of our knowled		orm is accurate and complete.					
Signature – Director of Special Education	Telephone Number	Date					