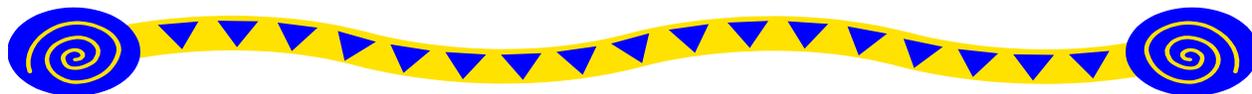
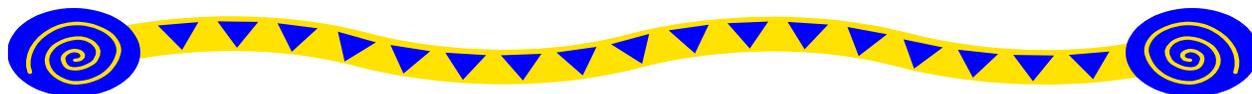


KANSAS STATE DEPARTMENT OF EDUCATION



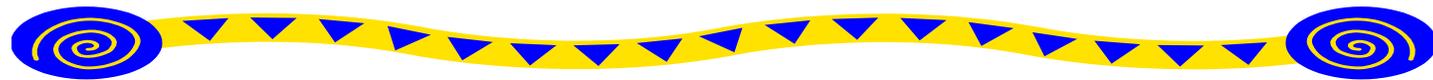
DEAF-BLIND FUND GUIDELINES, INFORMATION, AND APPLICATION FORM

(revised December, 2011)



THE KANSAS STATE DEAF-BLIND FUND GUIDELINES AND APPLICATION INFORMATION

WHAT DOES THE LAW SAY?



PROGRAM FOR EDUCATION OF DEAF-BLIND OR OTHERWISE

SEVERELY HANDICAPPED CHILDREN (Article 8.-Education of Visually Handicapped and Deaf Children 72-849 to 72-852. (L. 1959, ch. 311, § 1; June 30.) (Repealed, L. 1975, ch. 365, §6; July 1.) 72-853 (1959, ch.311, §1; June 30). The state department of public instruction is hereby

authorized to expend available funds for the purpose of sending children who are deaf-blind or otherwise severely handicapped to any facility, school, or institution, within or without the state of Kansas, providing a qualified program of education for such children. Such funds may be spent for evaluation and diagnosis, room, board tuition, transportation, and other items which are necessarily relevant to the education of such children. In interpreting and carrying out the provisions of this act, the words "deaf-blind children" whenever used, will be construed to include any child of educable mind whose combination of handicaps of deafness and blindness prevents him from profiting satisfactorily for education programs provided for the blind child or the deaf child; and the words "otherwise severely handicapped children," whenever used, will be construed to include any child of educable mind, whose handicap or combination of handicaps prevents him from profiting satisfactorily from educational programs provided through a sponsoring public school district in this state.

WHO CAN ACCESS THE STATE DEAF-BLIND FUND?



Students (ages birth-21 years) who currently are certified deaf-blind or with severe multiple disabilities based on the December 1 child count data can access the fund until it is depleted. Applications will be approved up to \$3,000.00 maximum per student, per fiscal year (July 1- June 30) with no exceptions until the total amount of the fund has been depleted or encumbered. Students who are receiving homebound services from the local education agency also **ARE** eligible for deaf-blind funds. Students who are home schooled and are not receiving services from the local education agency **ARE NOT** eligible for deaf-blind funds.

The following categories of students will be considered **priority candidates** for funding:

- ☀ students who have current deaf-blind certification;
- ☀ children birth through 2 years;
- ☀ students who have exited or will be exiting from the state hospital schools to their neighborhood school districts (e.g., Parsons, Serendipity, Kansas Neurological Institute, etc.);
- ☀ students who have a suspected vision loss and a documented hearing loss who are in need of an evaluation; and,
- ☀ students who have a suspected hearing loss and a documented vision loss who are in need of an evaluation.

WHEN IS THE EARLIEST A KANSAS DEAF-BLIND FUND APPLICATION CAN BE SUBMITTED?



A Kansas Deaf-Blind Fund Application for a student who currently is certified on the KS Deaf-Blind Census may be submitted May 15 and after, for the fiscal year beginning July 1 since some schools are out for the summer. Again, the application will be date stamped and placed in a pending file. Applications will be reviewed on a first come, first serve basis beginning July 1 of each fiscal year. **Submit the student's application prior to January 1; otherwise, funding may not be available.**

New applications must be submitted for individual students during each fiscal year. If funding is not available when the application is received, the application will not be held until the following year. **A new application will need to be submitted (without exception) within the designated timelines**

For those students who are not certified, or do not meet the above listed criteria, funding applications will be returned until the application or conditions for certification are completed. A follow-up phone call will be made by project personnel to answer any questions or clarify information that is needed to process the application.

ALL FUNDING MUST BE INITIATED AND PROCESSED THROUGH THE STUDENT'S LOCAL EDUCATION AGENCY.

WHAT ARE THE PRIORITY AREAS FOR FUNDING?



Priority areas for funding are categorized as assistive technology, adaptive equipment, consultation, evaluation, and other. Descriptions for each category listed below include definitions and examples of items that may be requested.

- ☀ **Assistive Technology.** State Deaf-Blind Fund monies may be used for high or low technology, which enables a student with deaf-blindness including those students with severe disabilities to participate more fully in an educational program. The technology must reflect best educational and effective practices for students who have deaf-blindness and/or severe disabilities. Some items for which costs may be reimbursed include: computers, adaptive equipment, hearing aids, glasses, computer peripherals, augmentative communication devices, micro switches, and/ or software. **A picture from a catalog or written description of items being requested MUST be attached to the application form.**
- ☀ **Consultants.** State Deaf-Blind Fund monies, which relate to funding priorities or best educational practices for students who have deaf-blindness, including those students with severe multiple disabilities may be used to reimburse districts for, qualified, certified, or licensed consultants. Fees and expenses must not exceed state rates allowable for reimbursement. **Inservice training is not considered part of consultation under this category. The consultant's resume must be attached to the application form.**
- ☀ **Evaluation.** State Deaf-Blind Fund monies may be used to reimburse districts for the cost of vision and / or hearing evaluations for students who are suspect of being deaf-blind, or a vision, hearing, or educational evaluation(s) for recertification purposes. **Only one evaluation per fiscal year will be reimbursed.**

WHAT DOES THE LAW SAY ABOUT STUDENTS USING ASSISTIVE TECHNOLOGY AT HOME?



§300.308 (b) On a case-by-case basis, the use of school purchased assistive technology devices and / or adaptive equipment for a student to use at home and at school or in other school related settings (e.g., community based instruction activities) is required if the student's IEP /IFSP team determines that the student needs access to those devices in order to receive FAPE. (Authority: 20 U.S.C. 1412 (a) (12) (B) (i))

WHAT HAPPENS TO EQUIPMENT PURCHASED WITH DEAF-BLIND FUND MONEY WHEN A STUDENT MOVES?



Equipment purchased with State Deaf-Blind Fund monies must be utilized by the student in the educational program. This means that when a student moves to another educational program within Kansas, the equipment follows the student.

When a student graduates, moves out-of-state, or transitions out of the educational program, equipment personalized for the student's individual physical characteristics (e.g., ear molds, eye glasses, eating equipment, leg braces, etc.), goes with the student. If the equipment or technology was not adapted or personalized for the student's use, it can be purchased at the current market value from the local education agency. This arrangement needs to be made by the local education agency, the student (if applicable), or the student's family.

If the equipment or technology no longer meets the student's needs, the local education agency may choose to:

- ☀ use the equipment for another student in the program, or
- ☀ donate the item to the equipment loan library.

HOW DO YOU ACCESS THE STATE DEAF-BLIND FUND?



There are several ways that an application of the Kansas Deaf-Blind Fund can be accessed;

- ☀ call Joan Houghton, EdD, The Kansas Deaf-Blind Fund at 785.296.2515;
- ☀ mail a request for application to Joan Houghton, EdD, The Kansas State Deaf-Blind Fund, The Kansas State Department of Education, Special Education Services, 120 SE 10th Avenue, Topeka, KS 66612; or
- ☀ access the application and forms from the website: <http://www.ksde.org>

Submit the application form with the appropriate documentation following the instructions provided, and submit with the appropriate documentation. The student's application will be processed once it is received and dated in the office by the Kansas Deaf-Blind Fund Administrator. Notification, along with instructions for requesting reimbursement, will be sent to the Special Education Director or designee of the student's local education agency.

If there is a question about the application, the Special Education Director or designee will be contacted by the Deaf-Blind Fund office. The application will be held in a pending file for a maximum of thirty days unless the issue is resolved before the thirty days.

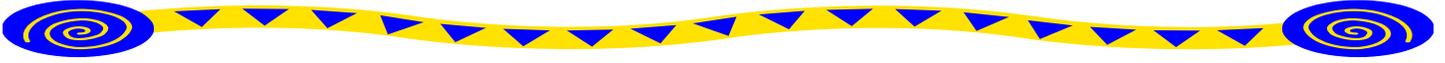
Remember, the State Deaf-Blind Fund operates on a reimbursement basis only. Districts must wait for approval from the Administrator of the Deaf-Blind Fund before making purchases.

HOW ARE STATE DEAF-BLIND FUNDS APPROVED?



An individual application must be submitted for each student. Once an application is received, it will be reviewed to make sure that all appropriate documentation, attachments, and signatures are included. After the initial review, it will be forwarded to the Administrators of the Kansas Deaf-Blind Fund. They will review each application on a case-by-case basis and determine which requests are appropriate for funding. Decisions may be different for each student based upon best educational practices as reported in the literature, individual circumstances, and available funding.

HOW IS A DEAF-BLIND FUND APPLICATION AMENDED ONCE IT IS ALREADY APPROVED?



A Deaf-Blind Fund Application may be amended after it has been approved. Submit the appropriate amended form (i.e., Amended Forms A, B, or C) that identifies what is being amended and the amount. The amount of the amended item cannot exceed the original total that was previously approved. If necessary, send the appropriate documentation that is required for the items that are being requested. Once it is received in the office, the amended form will go through the approval process. You will be notified if the amended item is approved or not approved.

WHAT NEEDS TO BE SUBMITTED TO RECEIVE REIMBURSEMENT FOR THE ITEMS LISTED ON THE DEAF-BLIND FUND APPLICATION?



All receipts need to be attached to the KANSAS STATE DEAF-BLIND FUND REQUEST FOR REIMBURSEMENT FORM. The form **must be signed by the Special Education Director or designee**. If the cost of the items listed on the reimbursement form exceeds what was approved on the original application, only the amount listed on the original application will be reimbursed. Reimbursement forms and receipts need to be submitted by June 1 of the fiscal year, **and must be submitted no later than June 15. Any reimbursement forms submitted after June 15 of the fiscal year will result in non reimbursable payment.**

WHAT ARE THE DATES FOR SUBMITTING APPLICATIONS AND REIMBURSEMENT FORMS?

- 
- July 1** Applications will undergo the approval process for the new fiscal year.
 - May 15** Applications will be accepted for the next fiscal year (window opens).
 - June 1** Reimbursement forms (accompanied by receipts) are due.
 - June 15** Reimbursements must be received by the close of business (window closes).

**THE KANSAS
STATE DEAF-BLIND FUND
APPLICATION INSTRUCTIONS
(K.S.A. 72-853)**

Step-by-step instructions are delineated for submitting a State Deaf-Blind Fund application. Directions are provided for each line that needs to be completed on the application form. Individual applications for each student need to be submitted. If there are any questions, please call Joan Houghton, EdD 785.296.2515, Cynthia Penrod 785.296.7454, or 1.800.203.9462.

Guidelines used in processing applications, as well as descriptors of each funding category are included in the application package. Additionally, a copy of the state statute (K.S.A. 72-853) has been included as a reference.

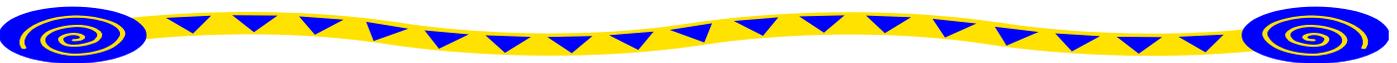
It is important to pay attention to the timelines stated in the guidelines. Timelines for submitting applications are based on priority status and will be followed without exception.



COVER SHEET

- ☀ Write the fiscal year in the spaces provided.
- ☀ Write the name of the student in the space provided.
- ☀ Write the name of the Part C Infant/Toddler Services, school district, cooperative, or interlocal to receive funding in the space provided.
- ☀ Write the address of the Part C Infant/Toddler Services, school district, cooperative, or interlocal in the space provided.
- ☀ Write the name of the contact person and telephone number in the space provided.
- ☀ Write your signature and date in the space provided. **This sheet needs to be signed by the special education director or designee.**

DO NOT COMPLETE THE BOTTOM HALF OF THE PAGE BELOW THE DOTTED LINE. THIS IS FOR KSDE USE ONLY.



STUDENT INFORMATION

- ☀ Write the student's name and date of birth in the spaces provided.
- ☀ Check **yes** or **no** in the space provided to indicate whether the student currently is certified as deaf-blind; is transitioning from a state hospital school to the home district; is between ages of birth to two years; are students who have a suspected vision loss and documented hearing loss in need of an evaluation; and students who have a suspected hearing loss and documented vision loss in need of an evaluation.
- ☀ Check how the student was counted on the December 1 child count in the space provided.
- ☀ Provide a description of the student's educational program (or the program that will be provided after the student exits a state hospital school) in the space provided.

DO NOT COMPLETE THE BOTTOM HALF OF THE PAGE BELOW THE DOTTED LINE. THIS IS FOR KSDE USE ONLY.



FORM A: ASSISTIVE TECHNOLOGY

- ☀ Write the student's name in the space provided.
- ☀ Write the name of the item, the price (including shipping and handling), and a short instructional rationale describing how the item(s) will be used to meet the student's objectives for each item requested in the spaces provided.
- ☀ **Attach a catalog picture or written description of each item requested. This is required before ANY application for State Deaf-Blind funds will be processed.**
- ☀ Calculate the amounts (including shipping and handling), and write the total amount in the spaces provided.

DO NOT COMPLETE THE BOTTOM HALF OF THE PAGE BELOW THE DOTTED LINE. THIS IS FOR KSDE USE ONLY.



FORM B: CONSULTANT

- ☀ Write the student's name in the space provided.
- ☀ Write the consultant's name in the space provided.
- ☀ Write a description of the consultant's qualifications in the space provided and attach a resume to the application.
- ☀ Write the desired outcome(s) for the student in the space provided.
- ☀ Estimate consultation fees per day and multiply by the number of days in the space provided.
- ☀ Estimate hotel expenses (if applicable) in the space provided.
- ☀ Estimate mileage (if applicable) in the space provided.
- ☀ Estimate meal costs (if applicable) in the space provided.
- ☀ Estimate other expenses (if applicable) in the space provided.
- ☀ Calculate the total amount requested for the consultant in the space provided.

DO NOT COMPLETE THE BOTTOM HALF OF THE PAGE BELOW THE DOTTED LINE. THIS IS FOR KSDE USE ONLY.



FORM C: EVALUATION

- ☀ Write the student's name in the space provided.
- ☀ Write the evaluator's name in the space provided.
- ☀ Write the tentative date of the evaluation in the space provided.
- ☀ Write the purpose of the evaluation in the space provided.
- ☀ Calculate the total amount requested for the evaluation in the space provided.

For further information regarding these guidelines or the application process, contact:

Joan Houghton, EdD
Kansas State Department of Education
Special Education Services Team
120 S.E. 10th Avenue
Topeka, Kansas 66612
Phone: 785.296.2515
Toll Free: 1.800.203.9462
FAX: 785.296.6715

Cynthia Penrod, Administrative Assistant
Phone: 785.296.7454
Email: cpenrod@ksde.org



An Equal Employment/Educational Opportunity Agency

The Kansas State Department of Education does not discriminate on the basis of sex, race, color, national origin, disability, or age in admission or access to, or treatment or employment in, its programs or activities. Any questions regarding the Department's compliance with Title VI, Title IX, or Section 504 may be directed to the Title IX Coordinator, who can be reached at (785) 296-3204, 120 S.E. Tenth Avenue, Topeka, Kansas 66612-1182, or to the Assistant Secretary for Civil Rights, U.S. Department of Education.

THE KANSAS DEAF-BLIND FUND APPLICATION



DID YOU REMEMBER TO INCLUDE?

Check all that apply:

- COMPLETE STUDENT INFORMATION FORM
- FORM A: SEND PICTURES OF ASSISTIVE TECHNOLOGY REQUESTED AND OBTAIN SIGNATURE OF SPECIAL EDUCATION DIRECTOR OR DESIGNEE
- FORM B: ATTACH RESUME OF CONSULTANT
- FORM C: ATTACH DOCUMENTED VISION OR HEARING LOSS IF REQUESTING SUSPECTED SENSORY LOSS



**APPLICATION FOR STATE DEAF-BLIND FUNDS COVER SHEET
(KSA 72-853)**

This application must be completed and submitted by student's local education agency and signed by the Special Education Director or Designee.

Fiscal Year: July 1, _____ through June 30, _____

Name of Student: _____

Name of Part C Infant/Toddler Services, School District, Cooperative, or Interlocal: _____

Address: _____
Street City State Zip Code

Contact Person: _____ Telephone #: _____

Fax #: _____ Email Address: _____

_____ Date

_____ Signature of Part C, Special Education Director and/ or Designee

FOR KSDE USE ONLY. DO NOT WRITE BELOW THE DOTTED LINE.

1. ASSISTIVE TECHNOLOGY (FORM A) \$ _____

2. CONSULTANT (FORM B) \$ _____

3. EVALUATION (FORM C) \$ _____

APPROVED ENCUMBERED TOTAL OF STATE DEAF-BLIND FUND \$ _____

_____ Approval sent
_____ Posted
_____ Final reimbursement
_____ Check mailed



STUDENT INFORMATION

Student's Name: _____

DOB: _____

Student currently is certified Deaf-Blind by the DB Project:

Yes _____ No _____

Student is certified D-B or SMD and is transitioning from a state hospital/school:

Yes _____ No _____

Student is between ages of birth – 2:

Yes _____ No _____

Student with a suspected vision loss and documented hearing loss in need of an evaluation:

Yes _____ No _____

Student with a suspected hearing loss and documented vision loss in need of an evaluation:

Yes _____ No _____

Student is counted in the December 1 Child Count as:

DB _____
SMD _____
Other _____

DESCRIPTION

Provide a Short Summary of the Student's Educational Program:

FOR KSDE USE ONLY. DO NOT WRITE BELOW THE DOTTED LINE.

DISPOSITION OF APPLICATION

THE FOLLOWING ACTION HAS BEEN TAKEN WITH RESPECT TO THIS APPLICATION:

_____ APPROVAL _____

_____ PARTIAL APPROVAL _____

_____ DISAPPROVAL _____

SIGNATURE, ADMINISTRATOR, KS DB FUND
SPECIAL EDUCATION SERVICES
KANSAS STATE DEPARTMENT OF EDUCATION

SIGNATURE, STATE DIRECTOR OR DESIGNEE
SPECIAL EDUCATION SERVICES
KANSAS STATE DEPARTMENT OF EDUCATION

DATE

DATE

RETURN TO:

ADMINISTRATOR, KANSAS DEAF-BLIND FUND
KANSAS STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION SERVICES
120 S.E. 10TH AVENUE
TOPEKA, KS 66612-1182

FORM A: ASSISTIVE TECHNOLOGY

Student's Name: _____

Items Approved

Please list the name, price, and instructional rationale of each assistive/instructional technology item for which funding is being requested.

1. Item Name: _____ Price + Shipping: _____

*Instructional Rationale: _____

2. Item Name: _____ Price + Shipping: _____

*Instructional Rationale: _____

3. Item Name: _____ Price & Shipping: _____

*Instructional Rationale: _____

4. Item Name: _____ Price & Shipping: _____

*Instructional Rationale: _____

TOTAL THIS PAGE \$ _____

*Please indicate how the item will be used to meet the student's objective(s).

FOR KSDE USE ONLY APPROVED TOTAL THIS PAGE \$ _____

FORM B: CONSULTANT

Student's Name: _____

Name of Consultant: _____

Description of Qualifications (attach a resume): _____

Desired Outcome(s) for Student who is Deaf-Blind or who has Severe Multiple Disabilities:

Fees: _____ days at \$_____ per day Subtotal \$ _____

Hotel: (at state reimbursable rate) Subtotal \$ _____

_____ Miles (at state reimbursable rate) Subtotal \$ _____

_____ Meals (at state reimbursable rate) Subtotal \$ _____

Other: _____ Subtotal \$ _____

TOTAL AMOUNT THIS PAGE \$ _____

*NOTE: Fees and expenses will be reimbursed at the state rate. Please complete this form with your best estimates. These estimated costs will be adjusted accordingly.

APPROVAL

DATE

FOR KSDE USE ONLY APPROVED TOTAL THIS PAGE \$ _____

FORM C: EVALUATION

Student's Name: _____

Name of the Evaluator: _____

Tentative Date of the Evaluation: _____

Purpose of the Evaluation: _____

TOTAL AMOUNT THIS PAGE \$ _____

APPROVAL

DATE

FOR KSDE USE ONLY APPROVED TOTAL THIS PAGE \$ _____

AMENDED FORM A: ASSISTIVE TECHNOLOGY

Student's Name: _____

**Amended
Items
Approved**

Please list the name, price, and rationale as to why each assistive/instructional technology item for which funding is being amended. Items that are amended must be identified.

1. Item Name: _____ Price + Shipping: _____

*Instructional Rationale: _____

2. Item Name: _____ Price + Shipping: _____

*Instructional Rationale: _____

3. Item Name: _____ Price & Shipping: _____

*Instructional Rationale: _____

TOTAL AMENDED ITEMS ON THIS PAGE \$ _____

FOR KSDE USE ONLY APPROVED AMMENDED TOTAL THIS PAGE \$ _____

AMENDED FORM B: CONSULTANT

Student's Name: _____

Name of Consultant: _____

Description of Qualifications (attach a resume only if the name of the consultant is being amended): _____

Desired Outcome(s) for Student who is Deaf-Blind or who has Severe Multiple Disabilities:

Fees: _____ days at \$ _____ per day Subtotal \$ _____

Hotel: (at state reimbursable rate) Subtotal \$ _____

_____ Miles (at state reimbursable rate) Subtotal \$ _____

_____ Meals (at state reimbursable rate) Subtotal \$ _____

Other: _____ Subtotal \$ _____

TOTAL AMMENDED AMOUNT THIS PAGE \$ _____

*NOTE: Fees and expenses will be reimbursed at the state reimbursable rate. Please identify the item that is being amended. It may not exceed the amount from the original application. Note that estimated costs will be adjusted accordingly.

APPROVAL

DATE

FOR KSDE USE ONLY APPROVED AMENDED TOTAL THIS PAGE \$ _____

AMENDED FORM C: EVALUATION

Student's Name: _____

Name of the Evaluator: _____
(include name of evaluator that is being amended if appropriate)

Tentative Date of the Evaluation: _____

Purpose of the Evaluation (include justification as to the type of evaluation being amended):

TOTAL AMENDED AMOUNT THIS PAGE \$ _____

APPROVAL

DATE

FOR KSDE USE ONLY APPROVED AMENDED TOTAL THIS PAGE \$ _____

Submit the application documentation and supplemental information to:

Joan Houghton, EdD
Administrator, Kansas Deaf-Blind Fund
Kansas State Department of Education
120 S.E. 10th Avenue
Topeka, KS 66612
Phone: 785.296.2515 (V/TTY)
Toll Free: 1.800.203.9462
FAX: 785.296.6715
Email: jhoughton@ksde.org

Cynthia Penrod, Administrative Assistant
Phone: 785.296.7453
FAX: 785.296.6715
Email: cpenrod@ksde.org



An Equal Employment/Educational Opportunity Agency

The Kansas State Department of Education does not discriminate on the basis of sex, race, color, national origin, disability, or age in admission or access to, or treatment or employment in, its programs or activities. Any questions regarding the Department's compliance with Title VI, Title IX, or Section 504 may be directed to the Title IX Coordinator, who can be reached at (785) 296-3204; 120 S.E. 10th Avenue, Topeka, KS 66612-1182, or to the Assistant Secretary for Civil Rights, U.S. Department of Education.