AUTISM SCHOLARSHIP PROGRAM
STATEMENT OF COST
Please type or print all information

Child's Name: _____ _____ _____
(First Name) (MI) (Last Name)

Parent Name: _____ _____ _____
(First Name) (MI) (Last Name)

Address: _____ **Phone number:** (_____) _____ - _____
(Street name and number) (P.O. Box or Apt. Number)

_____OH_____ _____
(City) (State) (Zip Code) (School District of Residence and County)

Private Provider or Self-Employed Individual's or Public Provider's Name: _____

Indicate service (s) provided per the child's IEP goals, objectives, frequency and durations: (Example: Occupational Therapy four day's per/week, 30 minutes per session)

_____

Use the back of this form for additional information on IEP goals, objective, frequency and durations that need to be listed. The provider shall bill and accept payment, not to exceed $20,000 per school year, only for special education and related services provided which implement the child's individualiz ed education program (IEP).

Check the service period below

	Services Rendered	Due Date	Max. Amount
_____	July 1 – Sept. 30	October 1, 2006	$7,000
_____	Oct. 1 – Dec. 31	January 3, 2007	$7,000
_____	Jan. 1 – March 31	April 1, 2007	$7,000
_____	April 1 – June 30	July 1, 2007	$7,000

Beginning Date of Service (s): _____/ _____ / _____

Ending Date of Service (s): _____ / _____ / _____

Total Cost of Service (s) $_____. _____

Parent agrees to pay the provider for the services provided and listed on this cost report. Parent signature indicates agreement to the service(s) listed by provider and the total cost of service(s) indicated.

Parent Signature: _____Date: ____/____/_____ **Provider Signature:_____ Date: ____/____/_____**

FOR DEPARTMENT USE ONLY

DATE RECEIVED: ____/ ____/ _____ AMOUNT REQUESTED: $ _____ AMOUNT PAID: $ _____

VERIFIED BY: _____

Please mail the original statement of cost form to the Ohio Department of Education, Office for Exceptional Children. Private and/or public providers should retain a copy of this form for their files, and parent(s) should retain a copy for their records.

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