

**APPENDIX A**

**OHIO DEPARTMENT OF EDUCATION  
AUTISM SCHOLARSHIP PROGRAM  
(ASP)**

**PARENT APPLICATION  
FOR THE 2011-2012 SCHOOL YEAR**

*(FOR NEW APPLICANTS ONLY)*

**THE AUTISM SCHOLARSHIP PROGRAM  
PARENT APPLICATION INSTRUCTIONS**

1. Enter the full name of the child. (You must complete a separate application for each eligible child.)
2. Enter the date of birth for your child including the month, day and year.
3. Enter the complete home address of the child, including the city, state and zip code.
4. Enter the full name of the **parent**. Please check Mr., Mrs. or Ms.
5. Enter the **parent's** home address, even if it is the same as the child's.
6. Enter the **parent's** home telephone number, cell phone number and work telephone number.
7. Enter the **parent's** e-mail address (if applicable).
8. Enter the name your child's school **district** of residence (not the name of the school building.) Also enter the **county** where the school district is located.
9. Enter the name and address of the **private provider(s) or public provider** who will implement your child's Individualized Education Program (IEP). **(The private provider/agency or self-employed individual you have selected must be an approved, registered provider with the Ohio Department of Education.)**
10. The parent signature on the Parent Application gives the Ohio Department of Education consent to release information that appears on the application to the school district of residence or to a legal representative of the district of residence and the approved private provider.
  - The PARENTAL CONSENT FORM must be signed and submitted to the school district of residence. Parents must send copies of the form to the approved private provider and the ODE/OEC.

**This is required for the release of records and/or progress reports regarding the child.**

11. THE DISTRICT ASSURANCE FORM must be signed by the superintendent or designee of the school district of residence and returned with the application. (Your application will not be approved without this signed, dated form from the school district of residence.)
12. The PARENT APPLICATION, PARENTAL CONSENT FORM and DISTRICT ASSURANCE FORM must be mailed to the Ohio Department of Education, Office for Exceptional Children. No other documentation is required. **(Faxed copies will not be accepted.)**

Direct questions regarding the Autism Scholarship Program application process to the Ohio Department of Education, Toll Free number: 1-877- 644-6338.

SUBMIT THIS APPLICATION TO:

**AUTISM SCHOLARSHIP PROGRAM  
OHIO DEPARTMENT OF EDUCATION  
OFFICE FOR EXCEPTIONAL CHILDREN  
25 SOUTH FRONT STREET  
MAIL STOP #203  
COLUMBUS, OHIO 43215-4183**

**AUTISM SCHOLARSHIP PROGRAM  
2011-2012 APPLICATION**

*Please type or print all information using blue or black ink.*

**CHILD'S INFORMATION (Complete a separate application for each additional eligible child.)**

1. Name \_\_\_\_\_  
(First Name) (MI) (Last Name)
2. Child's Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year
3. Home Address \_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**PARENT INFORMATION**

4. Parent Name Mr. Mrs. Ms. \_\_\_\_\_  
(First Name) (MI) (Last Name)
5. Home Address \_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)
6. Home Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
7. Work Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_
8. School District of Residence \_\_\_\_\_ County \_\_\_\_\_
9. Name and address of the approved and approved private provider/agency or self-employed individual or public provider who will implement your child's Individualized Education Program (IEP).

_____ (Print Name) _____ (Address) _____ (City) (State) (Zip Code) Telephone # (_____) _____	_____ (Print Name) _____ (Address) _____ (City) (State) (Zip Code) Telephone # (_____) _____
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\_\_\_\_\_  
(PARENT SIGNATURE)

\_\_\_\_\_  
(DATE)

**FOR ODE OFFICE USE ONLY**

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DENIAL DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
(ASSOCIATE DIRECTOR, OFFICE FOR EXCEPTIONAL CHILDREN)



**AUTISM SCHOLARSHIP PROGRAM  
2011-2012**

*Please type or print all information using blue or black ink.*

Parent submits original to district of residence and copies to ODE and approved private provider (s)

**PARENTAL CONSENT FORM**

I \_\_\_\_\_ give my permission for:

1. My school district of residence \_\_\_\_\_, located in \_\_\_\_\_ County, to release the following records to my approved private provider, who will be implementing my child's Individualized Education Program (IEP):

- **The current agreed upon IEP;**
- **The Evaluation Team Report (ETR) of the current evaluation;**
- **Progress and interim reports from the previous school year; and**
- **The previous year's IEP.**

**(Parents DO NOT send the documents listed above to the Ohio Department of Education.)**

2. The approved private provider (s) \_\_\_\_\_,

\_\_\_\_\_ to release to the school district listed above the following records:

- **Progress reports for my child; and**

to the Ohio Department of Education:

- **Completed Statement of Cost forms for my child; and for**

3. The school district listed above to release to the Ohio Department of Education:

- **A completed district assurance form for my child; and for**

4. The Ohio Department of Education, if requested, to release to the school district listed above the following record:

- **Completed Statement of Cost forms for my child.**

\_\_\_\_\_  
(Print Student Name) DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Print Parent Name)

\_\_\_\_\_  
(Parent Signature) \_\_\_\_\_  
(Date)

**THE PARENTAL CONSENT FORM must be SIGNED, COPIED and submitted to the SCHOOL DISTRICT OF RESIDENCE, YOUR APPROVED PRIVATE PROVIDER (s) and to the OHIO DEPARTMENT OF EDUCATION, AUTISM SCHOLARSHIP PROGRAM.**