

The Kansas State Deaf-Blind Fund Application: Step-by-Step Instructions



Early Childhood, Special Education, and Title Services

An Equal Employment/Educational Opportunity Agency

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The Kansas Deaf-Blind Fund Application Form Step-by-Step Instructions

The following information will guide you through the steps needed to complete the Deaf-Blind Fund Application. The application form is in survey monkey. The link to the form is <https://www.surveymonkey.com/r/DeafBlindApp> This link **will not be activate until May 1, 2018** when the window opens for the 2018-2019 school year. Please note that you may print each page individually while you are completing the application. This means: **at the end of the page, PRINT IT if you want a copy.**

Cover Page NEW

1. You will need to complete the first page in order to move to the next page. If there is an asterisk * you will need to answer the question or complete the blank. You will not be able to proceed until the question or blanks are completed.
2. The first question you **will need to complete** for birth to three Programs.
3. Read the Do's and Don'ts before you begin to fill the application on page 1. Read these carefully before you proceed with the application. Check the box indicating that you have read the instructions.

Organizational Information NEW

1. Fill in the box with the LEA, SPED Cooperative, Education Services Center, or Interlocal here. If you are a birth to three program, enter your program's or organization's name. Continue with the address, city, state, and zip code.
2. TAX ID Number **must be** completed.
3. The contact person is someone who is coordinating deaf-blind fund for the LEA or organization.

Student Information NEW

1. Fill the name or KIDS ID# in the box (students who are birth through two **will not** have a KIDS ID#).
2. Mark one of the radio buttons on the application as it pertains to the student's application.
3. Enter the **KIDS ID # for the student**. If the child is younger than three, enter 10 zeros/
4. Enter DOB of the student.
5. Identify if the student is included in the December 1 Child Count and click on the appropriate area. If the student is younger than two, click other and write under the age of two and on the DB Census. (The MIS Coordinator for your agency or organization should be able to assist you.)
6. Click the radio button if the student or child, is certified Deaf-Blind by the Kansas Deaf-Blind Project. If no, contact Marites Altuna at maltuna@ksde.org
7. Click the radio button if the student is certified deaf-blind and is transitioning or has been transition to his or her neighborhood school.
8. Click the radio button if either condition applies to the student. If the condition does not apply to the student, click no.

Requested Items: Assistive Technology, Instructional Supports, Communication Devices, Adaptive Equipment, Etc. NEW

1. Write in the Name of Item 1.
2. Write the instructional rationale in the box.
3. Write the item price and shipping/handling. Each item needs to be submitted individually. **DO NOT** bundle two items together.
4. Write the URL for the item that is requested.
5. Please note: There are slots for 15 items for the student. If you need additional slots, you will need to submit a second application for the remaining items that you are requesting for the student.
6. Continue with steps 1-6 for each item that is being requested for the student.

Requested Consultation or Evaluation NEW

1. Write if you are requesting a consultant or evaluator for the student.
2. Write the name of the consultant or evaluator.
3. Briefly write the Services that is being provided by the consultant or the evaluator.
4. Write the location where the consultation or evaluation is to be conducted.
5. Write the purpose of the consultation or evaluation. If you choose consultation, estimate the number of times the consultation is being requested. **PLEASE NOTE:** A consultation or evaluation should not be more than \$300.00 per session. If the evaluation for the student is intended for an eye or hearing evaluation, enter in the estimated price that is charged for an evaluation of this nature.
6. Write the anticipated total amount of the consultant or evaluator. Include mileage, meals, hotel, and honorarium.
7. As stated on the first page, PRINT a copy for your records (if you want) before going to the beginning of the first page.

Important Reminders NEW

1. You **must submit** an invoice or **receipts for reimbursement**. Packing, shipping, or purchase orders **are NOT accepted**.
2. **DO NOT** include a copy of your application to submit reimbursements. There is a coversheet on the website that must be used to request reimbursement (with receipts or invoices attached).
3. Check that you have read the reminders.

Assurance and Electronic Signature NEW

1. Click the radio button to certify that all of the information included in this application is accurate and true.
2. Write in or scan the signature of the authorized Special Education Director or Designee. This is the person is able to commit funds to the LEA, SPED Co-operative, etc.

Birth to Three Agency or Organization NEW

1. Click the radio button that applies to your organization or LEA. Type NA in the box if this does not apply to your organization.
2. Write the name of the authorized personnel for the Birth to three agency who can commit funds in the box
3. Once you are completed with your application click, submit.

If you need assistance completing your application, please contact Cynthia Penrod, cpenrod@ksde.org or calling 785-296-7454

NOTE: The Kansas Deaf-Blind Fund: Frequently Asked Questions and Answers contains a wealth of information about the Kansas DB Fund process. It is **strongly suggested** that you read this document prior to completing a Kansas Deaf-Blind Fund Application Form. All of the forms and information regarding the Kansas Deaf-Blind Fund are <http://www.ksde.org> >Programs and Services>Special Education>Sensory Losses>The Kansas Deaf-Blind Fund