Return Form to:
Nebraska Department of Education
Attn: Jill Weatherly
301 Centennial Mall South, PO Box 94987
Lincoln, NE 68509 -4987

NEBRASKA DEPARTMENT OF EDUCATION

NDE06-097
New 7/19/2010
Due Date: 15th of the month

# Service Agency Claim for Non Ward Educational Service Reimbursement

Service Agency Name: _____ Service Agency Code: _____

Service Agency Address: _____ City: _____ Zip Code: _____

Service Agency Interim Program Name: _____ Number: _____

Contact Person: _____ Email Address: _____

Phone Number _____ Service Code: _____

| Student Name | Residential Setting | NDE Student ID | Resident District | Verified Disability | Ward | Start Date | End Date | # of Days | NDE Approved Daily Rate | Amt. Total | Select One |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | ◯ Yes ◯ No | ◯ Yes ◯ No | | | | | | ◯ Sped Service ◯ Support Services |

I certify that, to the best of my knowledge and belief, this claim is true and accurate in all respects, is only for educational services provided, does not include costs for residential services, and that supporting documentation for all entries is being maintained, including the IEP, on file at the service agency and is available to NDE for audit purposes as requested.

I certify that as an authorized official of this interim program school that the student for which reimbursement is being sought is not a ward of the state, is placed in the residential setting for other than educational reasons, and is unable, for health and safety reasons to attend a public school.

Signature: _____ Date: _____

Print Name: _____ Position: _____