# 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: ____________________________

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Residential Setting</th>
<th>NDE Student ID</th>
<th>Resident District</th>
<th>Verified Disability</th>
<th>Ward</th>
<th>Start Date</th>
<th>End Date</th>
<th># of Days</th>
<th>NDE Approved Daily Rate</th>
<th>Amt. Total</th>
<th>Select One</th>
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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: ____________________________