

Application for Low Incidence Disability Aid*

***For students with a diagnosed disability of blindness/vision loss, deafness/hearing loss, or brain injury/stroke.**

The funding request for low incidence disability aid is an opt-in process in which ABE programs can apply to increase per pupil funding for students with specific disabilities (listed above). In certain situations, the Minnesota Department of Adult Basic Education (MDE) may approve an increase in per pupil funding for students who have a diagnosed disability and require extensive instructional time, preparation and/or training for the teacher. **The following application must be completed prior to receiving approval for the elevated rate.** The elevated per pupil rate increase is approximately \$22/hour (rate is subject to change). If approved, the elevated rate will be retroactive to the date when the student enrolled in the program **for the current data submission year** (May 1 to April 30 of the fiscal year).

This application must be approved and signed by the Program Manager.

Date _____ Student Name _____

Enrollment Date _____ Type of Disability _____

Program Name _____

Program Manager _____

Email Address: _____ Phone Number _____

Program Address _____

Person Completing the Application: _____

Manager Signature _____

In order to proceed with this application, you must check at least three criteria below:

___ The student is unable or unwilling to attend the designated ABE program that serves students with specific disabilities. The three designated programs are ThinkSelf Minnesota Deaf Adult Education and Advocacy (main office: 2375 University Avenue, St Paul); Minneapolis Adult Education South Campus vision loss site (2225 East Lake Street, Minneapolis); Robbinsdale Adult Academic Program classes for Stroke and Brain Injury Survivors (305 Willow Bend, Crystal).

___ The student has extensive adaptive equipment needs, such as CCTV, braille, ASL interpreter.

___ Extra teacher time and training is required to learn how to meet the student's needs, such as use of adaptive equipment, instructional training, or consulting with case workers and disability specialists regarding the student.

___ Additional teacher time is needed to plan instructional methods or modify instruction outside of typical classroom planning for the student.

Prior to applying for low incidence disability aid, the following actions must be completed:

First, the program manager/teacher must contact PANDA staff about the student and their intent to apply and consult on any adaptive equipment needs and the program's ability to make reasonable and essential accommodations for the student. PANDA will determine availability and possibility of funding for equipment needs. Contact via email at panda@rdale.org or call 763-504-4095.

Date completed: _____

Student has attended at least 40 hours of class prior to submitting application for MDE approval.

Forty hours completed on: _____

Student signs an agreement to attend at least 70% of classes, as scheduled and agreed to between the program and the student.

Date agreement signed: _____

List extensive adaptive equipment needs (ASL interpreter, braille materials, CCTV/video magnifier or other adaptive equipment): _____

If the student has deafness/hearing loss:

- The program completes PANDA's "Intake for ABE students with Hearing Loss or Deafness" to gain more information about the student and their needs. The intake is located on PANDA's website at: <https://pandamn.org/forms/>
- The teacher reads the chapter on PANDA's website about hearing loss/deafness at: <https://pandamn.org/category/deafness-and-hearing-loss/>

Date all of the above were completed: _____

If the student has blindness/vision loss:

- The program completes PANDA's "Intake for ABE Students with Low Vision or Blindness" to gain more information about the student and their needs. The intake is located on PANDA's website at: <https://pandamn.org/forms/>
- The teacher reads the chapter and views the vision loss/blindness instructional video trainings on PANDA's website at: <https://pandamn.org/blindness-and-vision-loss/instructional-strategies-11/>

Date all of the above were completed: _____

If the student has had a stroke or traumatic brain injury (TBI):

- The program completes PANDA's "Intake for ABE Students with Stroke or Brain Injury" to gain more information about the student and their needs. The intake is located on PANDA's website at: <https://pandamn.org/forms/>
- The teacher reads the chapter on PANDA's website about brain injury at: <https://pandamn.org/category/brain-injury/>

Date all of the above were completed: _____

Other pertinent information about the student: _____

Complete this application form and submit with:

- 1. A copy of the student’s attendance (SID sheet)**
- 2. Student test scores**
- 3. Professional documentation of the student’s disability.**
Examples include an Individualized Education Plan (IEP), 504 Plan from the K-12 schools or a letter from a doctor or case worker/social worker validating the individual’s disability.
- 4. Release of Information.** There is a release of information form on the last page, if needed. If the student does not have documentation and needs help obtaining documentation of their disability, ask the student to sign the release. Then send the request to the student’s K-12 school, doctor, case worker or social worker. Include a copy of the release when submitting the application.

Mail, email or fax the application and supporting documents to PANDA - Minnesota ABE Disability Specialists, 305 Willow Bend, Crystal, MN 55428; panda@rdale.org or fax 763-504-4096.

After PANDA staff review the application and required documents, the information will be forwarded to MDE for final approval. If approved, the elevated rate will be retroactive to the date when the student enrolled in the program **for the current data submission year** (May1 to April 30 of the fiscal year). Once approved, instructions will be sent to you on how to submit year-end data submission (SID) for the increased per pupil funding for the specific student.

Please note: If a student who has been previously approved at the elevated rate transfers to a different ABE program, the new program needs to reapply for Low Incidence Disability Aid after the student has attended at least 40 hours of class.

Questions? Email panda@rdale.org

CONSENT FOR RELEASE OF INFORMATION

Student Name _____

Address _____ City _____ State _____ Zip _____

ABE Program _____ Date of Birth _____

I authorize my Adult Basic Education (ABE) School Program and PANDA-Minnesota ABE Disability Specialists to release, obtain or exchange my health information from:

Name _____

Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____

Information to be released:

A letter from my doctor, case worker or social worker verifying my disability.

Educational records to include either an Individualized Education Plan or 504 Plan verifying my disability.

Reason for releasing information: In certain situations, the Minnesota Department of Adult Basic Education (MDE) may approve an increase in per pupil funding for students who have a diagnosed disability and require extensive instructional time, preparation and/or training for the teacher and may need adaptive equipment to assist learning. As a part of the application process it is required for the student to submit documentation of their disability. Acceptable documentation includes either an Individualized Education Plan (IEP), 504 Plan or letter from their doctor or case worker/social worker verifying the student's disability.

Date Authorization Expires: _____

I hereby authorize my Adult Basic Education school/program and PANDA-Minnesota ABE Disability Specialists to obtain, release or exchange my Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA) and share the documentation with the Minnesota Department of Education, Adult Basic Education. I understand this information will be used to help my learning and support in school. I hereby certify that I have read the provisions in this authorization. I understand and agree to its terms and authorize disclosure of the information described above.

You have a right to receive a copy of this form. You may revoke this consent with a written request at any time.

Authorization Granted By:

Student Signature _____ Date _____

PANDA - Minnesota ABE Disability Specialists
Phone: 763-504-4095 Email: panda@rdale.org
<https://pandamn.org>