

# 2022-2023

**Puente para los Niños** **Application for Approval of Funding**

## Select the type of application below:

|  |  |
| --- | --- |
| New Application | Amendment to Cost Revision |
| Continuing Application |  |

**The following information must be provided to be considered for funding:**

Student’s Name

Student’s Unique Identifying Number

Date of Birth

Primary Disability

|  |  |
| --- | --- |
| Age (as of start of school year) | Gender |

Student’s Ethnicity/Race

Parent(s) or Guardian(s)

LEA or State Supported Educational Program (SSEP) applying for funding

Superintendent’s or

School Chief Administrator’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| *Superintendent or School’s Chief Administrator Signature* |
| Date application approved |

Dependent chartered schools must receive LEA approval before submitting an application. By approving the local charter school’s application, the LEA agrees to reimburse the local charter school for all PED approved expenditures for the student with funds awarded to the school but allocated to the LEA through the Puente para los Niños fund.

LEA Name

|  |
| --- |
| LEA Approval |
| *Signature required* |

|  |  |
| --- | --- |
| LEA phone number (including area code) | ( ) |

LEA email address

Contact information for person(s) filling out the application

Name

Title

Address

City State Zip

|  |  |
| --- | --- |
| Phone number (including area code) | ( ) |

Email address

Date application completed

|  |  |  |  |
| --- | --- | --- | --- |
| Is the child eligible for Medicaid? | Yes | No | Unknown |

|  |  |  |
| --- | --- | --- |
| Does the child have medical insurance through a family member/guardian? | | |
| Yes | No | Unknown |

The private health insurance of a high need student cannot be utilized without written consent from the student’s parent(s)/guardian(s) as provided in Subsection 6.31.2.9(B)(8) NMAC.

Number of student(s) that meet the high need definition in Section (B) of the Puente para los Niños Guidelines:

If an application is not being submitted for other students meeting the high need definition in Section (B) of the Puente para los Niños Guidelines, please explain why.

Total number of special education student enrollment (excluding gifted only):

|  |  |
| --- | --- |
| Last two total enrollment counts submitted to the Public Education Department (PED) including the current school year: | |
| Last Count: | Prior to last count: |

Describe how the cost of the student with high needs impacted the LEA’s/SSEP’s budget. Provide details of the fund(s) impacted.

Please explain how the student with high needs impacted the services of the other student(s) entitled to special education and/or related services enrolled in the LEA/SSEP.

Describe the course of action taken to date by the LEA, Local Charter School, or SSEP regarding the student with high needs. Be sure to include the total number of Full Time Equivalents (FTEs) and type of FTE affected for each such student.

Other items to be submitted with this application must include:

1. The most recent detailed expenditure reports showing budgeted and actual year-to-date expenditures;
2. Copies of all contracts and invoices that pertain to the student with high need; and
3. The student’s current redacted Individual Educational Program (IEP) that includes the student’s unique identifier number.

# 2020-2021

**Puente para los Niños**

**Checklist**

\_\_\_\_\_ Complete an accurate application.

\_\_\_\_\_ Include a recent year-to-date expenditure report for IDEA fund 24106.

\_\_\_\_\_ Include copies of staff & related services contracts, which pertain to the student.

\_\_\_\_\_ Include copies of all invoices, which pertain to the student.

\_\_\_\_\_ Include current, complete, and accurate redacted IEP for the student.