



2024-2025
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, Local Charter School ,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 _____
For PED Use only

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. Please use additional pages, if necessary.

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 use additional pages, if necessary.

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. Please use additional pages, if necessary.

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. Please use additional pages, if necessary.

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.**

2024-2025 Puente para los Niños Application Checklist

- ___ Complete an accurate application.
- ___ Include a recent year-to-date expenditure report for IDEA fund 24106 and/or 24109.
- ___ 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.