

ROOM & BOARD BOARD APPROVALS & CLAMAS IN I-STAR

PRESENTED BY HARRISBURG PROJECT



34-43 Application

Residential Glaims

SUPPORT



ISBE FORM 34-37

| Approvals and Claims | 1 | IEP | Admi |
|------------------------|------|--------|-------------|
| Student | × | | |
| Personnel | ۶ | | |
| Student Residential | | Resid | lential App |
| Student Approvals Over | ride | Resid | ential Clai |
| Combine B Fund Claims | | rity I | Reque |



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est quick link

ISBE FORM 34-37

| Form Type: 💿 34-37 🔾 34-43 (Emergency) | |
|---|-----------|
| SY: Application Type Resident District: Contact Info: | (5.1.1) |
| Disabilities: | Delete |
| A-Intellectual Disability (A) | |
| Residential Private Facility: (Details) Name Sort: Tuition Private Facility: (Details) Match No Tuition: Name Sort: 14920-Kings Daughters School Y 14920-Kings Daughters School | |
| Rates: | |
| Type Begin End Days Rate No Records Found | |
| Most Recent Eval Date: IEP Placement Decision Date: IEP Annual Review Date: Placed as a result of Due Process: MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY Due Process Date: * MM/DD/YYYY | ~~~~ |
| Begin Date: End Date: 09/09/2024 MM/DD/YYYY I1/30/2024 Extension for Eval or IEP | |
| Received Date: MM/DD/VVVV MM/DD/VVVV MM/DD/VVVV | |
| Narrative: Reintegration Plan: Signature: DCFS compact completed? Prior Placements: | |
| O No ● Yes | |
| Services In Most Recent: Requested Services: Outside Agencies Contacted: Current Level of Ed Perf: In-State Options Consider | ed: |
| O No O Yes O No O Yes O No O Yes O No O Yes | |
| Application Status:Status:Reviewer:Approved Date:ApprovedApprovedamandaclay8/22/2024 | |
| Notes: Add New Note | |
| Options Create U No Records Found | User/Date |
| | |
| History Dates: | |
| Begin Date End Date Break | |
| | |
| | |
| | |

| | | | | Private Facility: | Kings D | aughte |
|------------------------|------|--------------------|---------|-------------------|----------------------|------------|
| | | | Facil | lity Claim Type: | (Details) Resider |) ntial |
| | | | | Add On Type: | | |
| Approvals and Claims | 1 | IEP Admin | | Rates: | Туре | |
| | | | - | | No Reco | ords Fo |
| Student | ۰. | Approvals | | Disabilities: | A-Intell | ectual |
| Personnel | | Claims | R | elated Service: | 25 - 🛩 | 28 - 🗸 |
| | | | Jucatio | n Environment: | 04-Spe | c Ed 10 |
| Student Residential | | Program Definition | ι ι | Inable to locate | | |
| Student Annrovale Over | rido | Unload Files | Reside | ntial Placement | | |
| | | | Room | & Board Payer: | A-Scho | ol Distr |
| | | | | Term: | Both | , |
| | | | | Begin Date: | 00/01/2 | 0.24 |

| VALS |
|---|
| ters School-14920 |
| Begin End Days Rate ound I Di \checkmark L-Other Health 1 \checkmark 07 \cdot 23 \cdot 24 \cdot 03 \cdot \cdot 000% in concrete public day school \cdot |
| trict ~ |
| ✓ ▼ * MM/DD/YYYY Refresh Claim Days |
| |



ISAF MOAA DI ID

| 135E FUK/V 34-43 | |
|---|--|
| Form Type: 34-37 34-43 (Emergency) SY: Application Type Resident District: Contact Info: 2024-2025 Initial Continuing Add Disabilities: 34-43 Placement: L-Other Health Impairment (L) O-Autism (O) Kaizen Academy Residential Private Facility: (Details) Name Sort: Tuition Private Facility: (Details) Match No Tuition: Name Sort: | |
| 73207-Kaizen Academy - Combo 73207-Kaizen Academy - Combo Rates: Type Begin End Days Rate No Records Found IEP Placement Decision Date: IEP Annual Review Date: Placed as a result of Due Process: □ | |
| 109/26/2023 MM/DD/YVYY 109/26/2023 MM/DD/YVYY Due Process Date: * MM/DD/YVYY Begin Date: End Date: 3 year review of placement Due: 3 year review of placement Due: MM/DD/YVYY MM/DD/YVYY Extension for Eval or IEP 04 2026 Received Date: MM/DD/YVYY MM/DD/YVYY MM/DD/YVYY | |
| Narrative: Reintegration Plan: Signature: DCFS compact completed? No Yes No No No No Yes No No No Yes No Yes No Yes N | |
| Image: No in Yes Image: No in Yes Image: No in Yes Image: No in Yes Approved Options Not Available: Satisfactory Proof: Image: No in Yes Calendar Submitted: Image: No in Yes Image: No in Yes Image: No in Yes | |
| Application Status: Status: Reviewer: Approved Date: Pending Disapproved n/a n/a Notes: Add New Note Options Create User/Date | |
| History Dates: Begin Date End Date Break 10/5/2023 9/25/2024 4/25/2023 10/4/2023 | |
| 4/25/2023 10/4/2023 ✓ Delete Save | |



| VALS |
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| rgency or Student Specific Placement |
| -0003 🗸 |
| Caizen Academy - Combo 🗸 |
| tial 🗸 |
| |
| Begin End Days Rate rds Found Image: Second se |
| Health 1 V O-Autism (O) V |
| 24 · • • • • • • |
| te Residential Facility, Out-of-State 🔹 |
| |
| l District 🗸 |
| ✓ |
| 024 • * M N/DD/YYYY Refresh Claim Days |
| |
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RESIDENTIAL CLAMS filed deadline Paid November Quarterly monthly





Timeline



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| | DE | SIDENTINI P |
|----------------------------|----------------------|--|
| | | JUCINIHL C |
| Approvals and Claims | IEP Admin | At the end of each month: |
| Student | | Approvals and Claims -> Stu |
| Personnel • | | Residential Claims |
| Student Residential 🔹 🕨 | Residential Approval | Click Edit |
| Student Approvals Override | Residential Claims | |
| Combine B Fund Claims | rity Request | NOTE: Claims cannot be submitted until the |
| | | |
| Filters | | |

| | Filters | | | | | | | | |
|---|---------------------|----------------------|---------------|---|-------------------|--------------|-------------------|---------------|----|
| | School Year: 2 | 024-2025 🗸 | Display | Option: \bigcirc Month \bigcirc Stu | dent 🔾 Facility 📿 | Status 💿 All | | | |
| | Resident District: | Il Districts 🗸 | | | | | | | |
| Ì | SUBMIT CHECKED | | | <u>Set Default Per Dien</u> | <u>n</u> | | | | |
| | Actions | <u>Resident Dist</u> | Facility Code | Facility Name | <u>Last Name</u> | First Name | Birth Date | <u>SIS Id</u> | Mo |
| | Edit 34-37 Stu Appr | | <u>14920</u> | Kings Daughters School | | | | | Se |
| | (Page 1 of 1) | | | | Page 1 | .* | | | |
| | | | | | | | | | |



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ne facility per diem rate has been set.

| onth | Days | Per Diem | Claim Amount | Status Code | Select All Select None |
|---------|------|----------|--------------|---------------------------|------------------------|
| | - | | | | |
| ptember | 0 | 0.00 | 0.00 | No Claim | |
| ptember | 0 | 0.00 | 0.00 | No Claim Items Per Pag | e 50 🗸 |











| RESIDENTIAL CLAMS |
|---|
| Enter Claims Enter Adjustments View Only |
| Filters School Year: 2023-2024 2024-2025 Display Option: Month Student Facility Status Resident District: All Districts Image: Comparison of the status Image: Comparison o |
| ADJUSTMENT FOR: Bellefaire-Monarch Boarding Academy (14907) Enter total number of days. Adjustment from the original claim will be calculated. Days: 30 Per Diem: 225 New Claim: 6750.00 Prev Claim: 34627.00 6000 -27877.00 750.00 |
| One Adjustment can be made to a paid claim: • Click Enter Adjustments tab |
| Edit the days and/or per diem Click Save |

RESIDENTIAL APPROVA

Report Type: Residential

I-STAR Reports

Report Categories: Residential-Approvals

| Select Report | Description | Re |
|---------------|---|--------------------------|
| 0 | Current Residential Placements by District | Select a report to see d |
| 0 | Current Residential Placements by Facility | |
| 0 | Residential Applications Expiring This Month | |
| 0 | Residential Applications Expiring This Quarter | |
| 0 | Residential Approval Detail Errors | |
| 0 | Residential Cases by Month | |
| 0 | Residential Student Details by Facility | |
| 0 | Residential Students Aging Out of Elementary | |
| 0 | Residential Students Moving To High School | |
| 0 | Unapproved Residential Applications by District | |

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|--------------------|------------------|--|--|
| port Description h | ription: here | | |

RESIDENTIAL CLAMS

| | | I-STAR Reports | |
|--------------------------|---|---------------------------------------|--|
| Report Type: Residential | ~ | Report Categories: Residential-Claims | |
| | | | |

| Select Report | Description | Re |
|---------------|--|--------------------------|
| 0 | Approvals with no Claims Data | Select a report to see d |
| 0 | FACTS Comparison Report | |
| 0 | Residential Claim Detail Errors | |
| 0 | Residential Liability Export | |
| 0 | Residential Reimbursement Year To Date | |
| <u> </u> | | |

| REPORTS | |
|-----------|--|
| | |
| ✓ userID: | |

port Description:

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