

Paths To Independence

2020 - 2021 School Calendar

August '20						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					13

September '20						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
						21

October '20						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
						19

November '20						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
						18

December '20						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
						14

January '21						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						19

February '21						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						
						19

March '21						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
						18

April '21						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
						21

May '21						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					15

June '21						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
						15

July '21						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
						14

School Days:	177 days	School Vacation Days	Summer Session: 27 days	End of Quarter/Progress Notes	
Teacher Work Days:	6 days	Parent conferences will be scheduled individually between August 13 and October 30.			October 9
Staff Training:	6 days				December 18
					March 5
					May 20

Go Moose!



I NEED TO STAY HOME IF...

I HAVE A FEVER 	I AM VOMITING 	I HAVE DIARRHEA 	I HAVE A RASH 	I HAVE HEAD LICE 	I HAVE AN EYE INFECTION 	I HAVE BEEN IN THE HOSPITAL 	I HAVE THE FLU
TEMPERATURE OF 100.0 F OR HIGHER	WITHIN THE PAST 24 HOURS	WITHIN THE PAST 24 HOURS	BODY RASH WITH ITCHING OR FEVER	ITCHY HEAD, ACTIVE HEAD LICE	REDNESS, ITCHING AND/OR PUS DRAINING FROM EYE	HOSPITAL STAY AND/OR EMERGENCY ROOM VISIT	ACHY BODY, PAIN, TIREDNESS, HEADACHE, DRY COUGH, SORE THROAT, RUNNY NOSE (may have vomiting, diarrhea or fever)

I am ready to go back to school when I am...

Fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil, etc.)	Free from vomiting for 24 hours	Free from diarrhea for 24 hours	Free from rash, itching, or fever. I have been evaluated by my doctor if needed.	Treated with appropriate lice treatment at home.	Free from drainage and/or have been evaluated by my doctor if needed.	Released by my medical provider to return to school.	Released by a medical provider, symptoms are gone.
--	---------------------------------	---------------------------------	--	--	---	--	--

If your child has strep throat or another bacterial infection, he/she should stay home until the antibiotic has been given for at least 24 hours and your health care provider has given your child permission to return to school. We encourage you to seek medical attention when your child is sick and to follow your health care provider's recommendations about returning to school and other activities.

Please note: Guidance from Public Health will be followed for outbreaks or unusual clusters of disease.



PATHS TO INDEPENDENCE

educating students with autism

Student Information

Student's Name		Sex	Date of Birth	
Name(s) of person(s) and the relationship with whom the child lives				
E-mail Address		Area code	Home Number	
Home Street Address	City	State	Zip Code + 4	
Mother/Guardian place of employment		Business Number	Cell Number	
Father/Guardian place of employment		Business Number	Cell Number	

Emergency Contacts

In case of emergency, if the parent or guardian cannot be reached, list person(s) to notify, in order of preference:

Name/Relationship to student	Cell Number	Work Number

Immunization Record

Attach a copy of the immunization or follow the Oklahoma State Department of Health exemption procedures.

Health record

Student's Physician or Clinic		Phone Number	
Street Address	City	State	Zip
Student's Dentist or Clinic		Phone Number	
Street Address	City	State	Zip

Does your student have any individual special needs involving routine care, behavior and guidance, communication or positioning? If yes, please describe:

Is your student allergic to any foods, medications, etc.?

Describe any special precautions for diet, medication, or activity, if applicable:

Transportation

I give permission for my student to:

Receive First Aid in case of injury or accident _____ Yes _____ No

Be transported to the nearest Medical facility, if a Medical emergency occurs and I cannot be reached _____ Yes _____ No

Be transported on all community outings, in PTI vehicles or staff member's private vehicles _____ Yes _____ No

Be transported to TCTC, or job locations in PTI vehicles or staff member's private vehicles _____ Yes _____ No

Attend Swimming events at Sooner Splash Pad, the YMCA, Sooner Pool or at private pools _____ Yes _____ No

Have sunscreen applied to exposed skin during swim activities and summer outings _____ Yes _____ No

Have their photograph, image, or voice used for the purpose of decoration or publicizing Paths to Independence in publications, on their website or Facebook page, or for displays at PTI or other locations. I understand my student will not be identified by other than their first name. _____ Yes _____ No

Pick up permission

Persons having permission to pick up my student:

Name/Relationship	Daytime or Cell Number (Area Code First)	Work Number (Area Code First)

Parent/Guardian Signature _____ Date _____



PATHS TO INDEPENDENCE

educating students with autism

This information is being collected for use in writing grants.

This information is optional and will not affect your child's enrollment at PTI. Thank you for your help.

Student's Name _____ Female _____ Male _____ Grade Level _____

How many Family Members are living in the home? _____

How many Children are living in the home? _____

What county is student a resident of? _____

Is any member of the immediate family a Veteran? _____

Is any member of the immediate family an Active Member of the military? _____

What was your total household income before taxes during the past 12 months?

For Grant Purposes:

\$0-9,999 _____

\$10,000-14,999 _____

\$15,000-19,999 _____

\$20,000-24,999 _____

\$25,000-49,999 _____

\$50,000 or more _____

What is your Child's Ethnicity?

Asian/Pacific Islander _____

Black/African American _____

Hispanic/Latino Origin _____

Native American _____

White/Euro American _____

Mixed Race _____

Other _____

Unknown _____

If Native American, is anyone that is a blood relative in the family Registered? _____

If yes, what Tribe? _____

All-star Therapy Group Inc.

37500 U.S. 75 Highway S., Ramona, Ok74061 918-397-8281 www.allstartherapygroup.org

Client Information, Liability Release and Participation Agreement

Activity Participant's name _____ Age (if under 18) _____

Address _____ City _____ zip _____

Parent/guardian/Provider name(s) _____

E-mail address _____ home phone _____ cell phone _____

Additional contact name _____ Cell phone _____

I acknowledge that virtually everyone is carrying a camera. I understand that photos and/or video will likely be taken of my child or ward while participating at All-star Therapy Group Inc. (ATG), but that the identity of said participants will not be intentionally or purposely revealed by ATG Inc. I agree to obtain permission from an ATG Inc. instructor before photographing at ATG Inc.'s operating sites. **By soliciting participation in activities at the ATG Inc. site, I am agreeing to hold harmless, ATG Inc. and its representatives for the unauthorized use of images by anyone.** Furthermore, as an adult responsible for the person participating in activities with All-star Therapy Group Inc., I acknowledge that there is potential for serious injury or death to participants in any horse-related activity, just as there is in vehicular transport. However, I feel that the benefits of participating in the program are worth the risks involved. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executors or administrators, waive and release forever all claims for damages against All-star Therapy Group Inc., Two Cylinder Farm, their owners (Robert V. and H. Alice Burnett), their business associates, property owners, the instructors, therapists, volunteers, employees, and representative of the above named, for any and all injuries and/or losses I or my charges may sustain while participating in the above named program's activities. Furthermore, I understand and agree that I am accepting responsibility for keeping myself and/or my charges in areas designated for non-riders by not passing through or climbing any fence or gate, that I and they will abide by all posted Rules of Conduct, that horses and other animals will not be approached without consent from an instructor, and that my vehicle will be locked when not occupied.

I understand and agree to all of the above terms of participation:

Printed name of the responsible party _____

Signature _____ Date _____

WARNING: Under Oklahoma law, an Equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. Chapter 326 H.B. 1152 (1999).



PATHS TO INDEPENDENCE

educating students with autism

Therapy Transportation Form

My child, _____ is receiving

Private services through:

Grand Lake Mental Health Center, Inc. _____

Home Therapy Resources _____

Other _____

_____ I give PTI permission to release my child for private therapy services during which time they may be removed from their Classroom and/or from the PTI School building.

_____ I give PTI permission to release my child to be transported by the agency listed above.

Parent Signature _____ Date _____



PATHS TO INDEPENDENCE

educating students with autism

Medication Permission

I hereby authorize Paths to Independence to administer to _____
Name of Student
the medication listed below, which has been supplied by me and which is clearly labeled.

Medication Name and Dosage _____

Instructions: _____

Reason for Medication: _____

Refrigerate: _____ Yes _____ No

All Medications must be in a current bottle, labeled with Student name and correct prescription from a pharmacy.

Signature of Parent or Guardian

Date

Date	Time Dispensed	Amount Dispensed	Initials

Lindsey Nicole Henry Scholarship for Students with Disabilities Application

The Lindsey Nicole Henry (LNH) Scholarship application must be received by the Oklahoma State Department of Education (OSDE) no later than December 1st of the year that the scholarship will take effect. Proration of the scholarship will occur if the applicant is approved after the school year begins. For students renewing the scholarship, failure to submit this application by December 1st will be considered voluntary forfeiture of the LNH Scholarship. The parent or legal guardian must complete this application. (Please type or print clearly).

SCHOOL YEAR APPLYING FOR: _____

SECTION A – CONTACT INFORMATION

Student's Full Name: _____ Student's Date of Birth: _____

Parent/Legal Guardian: _____ Phone Number: _____

Parent's Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Parent's Email Address: _____

School District of Residence: _____ Grade Entering: _____

School District of Individualized Education Program (IEP): _____

Private School Name: _____

(Please contact the private school for a letter of acceptance to submit with the application).

SECTION B – AFFIRMATIONS (Please read and sign below)

- I affirm that once I receive my approval memorandum with the scholarship calculation, I have 10 days to accept the scholarship by submitting the Revocation of Consent for Special Education and Related Services document to the OSDE and to the IEP school district. (*This applies to new applicants with IEP's only*).
- I affirm that accepting the Lindsey Nicole Henry Scholarship it will have the same effect as parent revocation of consent for special education and no direct or indirect funds/services can be received for my child from public schools (See "Parent Rights in Special Education: Notice of Procedural Safeguards").
- I affirm that pursuant to the *Individuals with Disabilities Education Act* (IDEA), 20 U.S.C. § 1412 (a) (10)(A), a child with a disability placed by their parents or legal guardian in a private school does not have an individual right to receive special education and related services that the child would receive if enrolled in a public school.
- I affirm that the public school is not required to provide a Free Appropriate Public Education (FAPE) to students with disabilities enrolled by their parents or legal guardians in a private school.
- I affirm that by enrolling my child in a private school, my child and I are no longer entitled to the procedural safeguards granted by IDEA, including notice and discipline procedures.
- I affirm that by enrolling my child in a private school, I understand that neither I nor my child has the right to file a state complaint, except for child find, 20 U.S.C. § 1412 (a) (10)(A).
- I affirm that by enrolling my child in a private school, I understand that neither I nor my child has the right to a due process hearing for alleged violation of IDEA, except for child find, 20 U.S.C. § 1412 (a) (10)(A).
- I affirm that I will comply with all the terms and conditions specified in the [Act \(70 O.S. § 13-101.2\)](#).
- I affirm that the information on this application and required documentation is true and accurate, and I understand that if misrepresented or incomplete, may result in automatic forfeiture of the scholarship.
- I affirm that by typing my name in the signature line below, I understand that I am signing this application electronically. I further understand and agree that my electronic signature is the equivalent of my handwritten signature on this application.

Parent/Guardian Signature: _____ Date: _____

SECTION C - ELIGIBILITY VERIFICATION (Please initial the box that applies to your child's eligibility. Choose ONE.)

- ☐ I verify that my child has an Individualized Education Program (IEP) in accordance with the Individuals with Disabilities Education Act (IDEA). The IEP and Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) is attached. ***If you do not have a copy of both the IEP and MEEGS to attach, please contact your public school for a copy of the most current IEP and MEEGS documentation.**
- ☐ I verify my child was adopted while in the permanent custody of the Department of Human Services (DHS), or is currently in out-of-home placement with DHS, or is currently in out-of-home placement with the Office of Juvenile Affairs and an Individualized Service Plan (ISP) pursuant to Section 1-4-704 of Title 10A of the Oklahoma Statutes has been developed. The Oklahoma State Department of Education (OSDE) has permission to obtain documentation from DHS regarding the ISP for the purpose of the Lindsey Nicole Henry (LNH) Scholarship.
- ☐ I verify that my child is a recipient of the LNH Scholarship and would like to continue their eligibility. This is a renewal application.

SECTION D - ENROLLMENT VERIFICATION

(Please initial the box that applies to your child's public school enrollment. Choose ONE.)

- ☐ I verify that my child has spent the prior school year in attendance at a public school in Oklahoma. For purposes of the scholarship, "prior school year in attendance" means that the student was enrolled in and reported by a school district for funding purposes during the preceding school year.
- ☐ I verify that my child is a dependent of an active service member of the United States Armed Forces, therefore the prior school year enrollment requirement does not apply. I am submitting my permanent change of station order with the LNH application as documentation. ***Only a copy of your change of station order will be accepted as proof.**
- ☐ I verify that my child has been provided services under an Individual Family Service Plan (IFSP) through the SoonerStart program, and during transition was evaluated and determined to be eligible for school district services. Therefore, the prior school year enrollment requirement does not apply. I am submitting a copy of the most current IFSP. ***If you do not have a copy of the IFSP, please contact your SoonerStart Coordinator.**
- ☐ I verify that my child was adopted while in the custody of the DHS, therefore the prior school year enrollment requirement does not apply.
- ☐ I verify that my child is currently in out-of-home placement with DHS or the Office of Juvenile Affairs, therefore the prior school year enrollment requirement does not apply.
- ☐ I verify that my child is a recipient of the LNH Scholarship. Therefore, the prior school year enrollment requirement does not apply. This is a renewal application.

SECTION E - RENEWAL APPLICANTS ONLY

Have there been any changes in the private school selection, grade retention, name changes for the child or parent, address change or other relevant information since last year?

If yes, please explain:

HOW TO COMPLETE THE VENDOR/PAYEE FORM FOR THE LNH SCHOLARSHIP

The purpose of the Vendor Payee form is to assign the Lindsey Nicole Henry recipient's parent or legal guardian a vendor ID number for scholarship payment. Upon issuance of the scholarship warrant, the parent or guardian to whom the warrant is made will endorse the warrant over to the approved private school for deposit into the account of the private school. The parent or guardian may not designate any entity or individual associated with the private school as the attorney in fact for the parent or guardian to endorse a warrant. A parent or guardian who fails to comply with this paragraph shall forfeit the scholarship.

If your child is a LNH recipient and there have been no changes to your address or name, please skip the VENDOR/PAYEE FORMS on the following two pages.

Complete the following fields on page 1 ONLY:

AGENCY SECTION

- Add New Vendor (New LNH Applicants check mark this box).
- Update Existing Vendor (Renewal Applicants check mark this box if you have moved or changed your name in the last year).

AGENCY SECTION (To be completed by state agency representative).
State agency should email completed and signed form to vendor.forms@omes.ok.gov or fax to 405-522-3663.
VENDOR/PAYEE SECTION (To be completed by vendor/payee)
Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.

Agency Name	Oklahoma State Department of Education	Contact Name	Stacy Eden
Phone #	(405) 521-4876	Fax #	(405) 522-2380
Email	stacy.eden@sde.ok.gov		
Agency Request To - Please select all applicable request types			
<input type="checkbox"/> Add New Vendor <input type="checkbox"/> Update Existing Vendor PeopleSoft 10-digit Vendor ID _____			
<input type="checkbox"/> Add New Address <input type="checkbox"/> Change Address/Location PeopleSoft Address # _____ PeopleSoft Location # _____			
<input type="checkbox"/> Change Vendor Tax ID <input type="checkbox"/> Change Vendor Name <input type="checkbox"/> Add Alternate Payee Name PeopleSoft Location # _____			
<input type="checkbox"/> Other Explain _____			
Vendor 1099 Reportable Status	Attention Paying Agency: Please check the Add box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the Remove box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor.		
<input type="checkbox"/> Add:	<input type="checkbox"/> 1 - Rents <input type="checkbox"/> 2 - Royalties <input type="checkbox"/> 3 - Other Income		
<input type="checkbox"/> Remove:	<input type="checkbox"/> 6 - Medical & Health Care <input type="checkbox"/> 7 - Non-Employee Compensation <input type="checkbox"/> 10 - Crop Insurance Proceeds		
	<input type="checkbox"/> 14 - Gross Proceeds to an Attorney		

VENDOR/PAYEE SECTION

- Name (Parent/Guardian Legal Name)
- Phone (home or cell phone number)
- Tax Identification Number (TIN) and Type (Parent/Guardian Social Security Number goes in this box)
- LNH recipients use the optional address boxes
- Address (Parent/Guardian address)
- City
- State
- Zip code (9 digit zip code required. The office of management & enterprise services (OMES) will not process your form without the 9 digit zip code).

VENDOR/PAYEE SECTION (To be completed by vendor/payee)
Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.

Payee Information: Please provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment.

Name	Contact Name	n/a
Payee Legal Name for Business, Individual or Government Entity as filed with IRS	Contact Title	n/a
DBA Name	Phone #	
Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name	Fax #	n/a
Tax Identification Number (TIN) and Type	<input type="checkbox"/> Federal Employer ID (FEIN) <input checked="" type="checkbox"/> Social Security Number (SSN)	
Business Address - Please provide primary business address as filed with the U.S. Internal Revenue Service		
Address	City	LNH payment must be issued on paper warrant
State	Zip+4	Remittance Email
n/a	n/a	n/a
Optional Addresses - Please select address type as applicable		
Type:	<input type="checkbox"/> Remitting <input type="checkbox"/> Ordering <input type="checkbox"/> Pricing <input type="checkbox"/> Returning <input checked="" type="checkbox"/> Mailing <input type="checkbox"/> Other	
Address	City	
State	Zip+4	Remittance Email
		not applicable for LNH payments
Financial Registration: Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system.		
Name	Title	Email
n/a	n/a	n/a

Complete the following fields on page 2 ONLY:

- U.S. Social Security Number (Parent/Guardian SSN)
- Signature of Vendor Representative or Individual Payee (Parent/Guardian Signature)
- Date
- Vendor/Payee (Print Parent/Guardian name as it appears on Payee Name from page 1)

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the state, or may result in the state having to deduct backup withholding amounts from future payments.

U.S. Taxpayer Identification Number (TIN)
Federal Employer Identification Number (FEIN) LNH - fill out SSN information If none, but applied for, date applied n/a
U.S. Social Security Number (SSN) If none, but applied for, date applied _____

Entity Filing Classification:
☒ Domestic (U.S.) Sole Proprietor or Individual ☐ Domestic (U.S.) Partnership ☐ Domestic (U.S.) Corporation Type: _____

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of Vendor Representative or Individual Payee _____ Date _____
LNH Parent
Title of individual signing form for company _____
Vendor/Payee (Must be the same as Payee Name from page 1)

Please submit a new vendor/payee form anytime you have a change of address, name change, or become a new state employee



Vendor/Payee Form

Agency: OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State's PeopleSoft vendor file for payment and procurement activities.

DO NOT use this form for:

- **Garnishment Payees:** Use [OMES Form GarnVendor](#)
- **State Employees:** Use [OMES FORM Employee Vendor Request](#)
- **Vendors pending contract award** to a solicitation released by the division of Central Purchasing or another Oklahoma state agency **MUST** first register online with the state unless exempt per statute. For additional information, please refer to [Central Purchasing Vendor Registration](#).

AGENCY SECTION (To be completed by state agency representative):

State agency should email completed and signed form to vendor.form@omes.ok.gov or fax to 405-522-3663.

VENDOR/PAYEE SECTION (To be completed by vendor/payee)

Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.

Agency Name	Oklahoma State Department of Education	Contact Name	Stacy Eden
Phone #	(405) 521-4876	Fax #	(405) 522-2380
Email	stacy.eden@sde.ok.gov		
Agency Request To – Please select all applicable request types			
<input type="checkbox"/> Add New Vendor	<input type="checkbox"/> Update Existing Vendor	PeopleSoft 10-digit Vendor ID _____	
<input type="checkbox"/> Add New Address	<input type="checkbox"/> Change Address/Location	PeopleSoft Address # _____	PeopleSoft Location # _____
<input type="checkbox"/> Change Vendor Tax ID	<input type="checkbox"/> Change Vendor Name	<input type="checkbox"/> Add Alternate Payee Name	PeopleSoft Location # _____
<input type="checkbox"/> Other	Explain _____		
Vendor 1099 Reportable Status	Attention Paying Agency: Please check the Add box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the Remove box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:		
<input type="checkbox"/> Add:	<input type="checkbox"/> 1 - Rents	<input type="checkbox"/> 2 - Royalties	<input type="checkbox"/> 3 - Other Income
<input type="checkbox"/> Remove:	<input type="checkbox"/> 6 - Medical & Health Care	<input type="checkbox"/> 7 - Non-Employee Compensation	<input type="checkbox"/> 10 - Crop Insurance Proceeds
	<input type="checkbox"/> 14 - Gross Proceeds to an Attorney		

VENDOR/PAYEE SECTION (To be completed by vendor/payee)

Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.

Payee Information: Please provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment.

Name			Contact Name	n/a
Payee Legal Name for Business, Individual or Government Entity as filed with IRS			Contact Title	n/a
DBA Name			Phone #	
Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name			Fax #	n/a
Tax Identification Number (TIN) and Type:			<input type="checkbox"/> Federal Employer ID (FEIN) <input checked="" type="checkbox"/> Social Security Number (SSN)	
Business Address -- Please provide primary business address as filed with the U.S. Internal Revenue Service				
Address	LNH scholarships - use optional address - please provide home address in this section		City	LNH payment must be issued on paper warrant
State	n/a	Zip+4	n/a	Remittance Email
Optional Addresses -- Please select address type as applicable				
Type:	<input type="checkbox"/> Remitting	<input type="checkbox"/> Ordering	<input type="checkbox"/> Pricing	<input type="checkbox"/> Returning
	<input checked="" type="checkbox"/> Mailing	<input type="checkbox"/> Other:		
Address			City	
State		Zip+4		Remittance Email
not applicable for LNH payments				
Financial Registration: Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system.				
Name	n/a	Title	n/a	Email
n/a				

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the state, or may result in the state having to deduct backup withholding amounts from future payments.

U.S. Taxpayer Identification Number (TIN)

Federal Employer Identification Number (FEIN) LNH - fill out SSN information If none, but applied for, date applied n/a

U.S. Social Security Number (SSN) _____ If none, but applied for, date applied _____

Entity Filing Classification:

☒ Domestic (U.S.) Sole Proprietor or Individual ☐ Domestic (U.S.) Partnership ☐ Domestic (U.S.) Corporation Type: _____

☐ Limited Liability Company Type: _____

LLC Disregarded Entity: ☐ YES ☐ NO **Must be verified by LLC's tax division. If applicable, parent name/tax id is required.**

☐ Domestic (U.S.) Other Explain: _____

☐ Foreign (Non-U.S.) Sole Proprietor or Individual* ☐ Foreign (Non-U.S.) Partnership* ☐ Foreign (Non-U.S.) Type: _____

☐ Foreign (Non-U.S.) Other* Explain: _____

FOREIGN VENDOR INSTRUCTIONS:

*** ADDITIONAL DOCUMENTATION IS REQUIRED.**

Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate of Foreign Status. Select form below matching the payee's entity or individual description. Please refer to IRS for additional instructions (<http://www.irs.gov/pub/irs-pdf/fw8.pdf>).

- **Form W-8BEN:** Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals).
<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- **Form W-BEN-E:** Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities).
<http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
- **Form W-8ECI:** Certificate of Foreign Person's Claim That Income is Effectively Connected With the Conduct of a Trade or Business in the United States. <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>
- **Form W-8EXP:** Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting.
<http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>
- **Form W-8IMY:** Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8imy.pdf>

This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of Vendor Representative or Individual Payee

Date

LNH Parent

Title of individual signing form for company

Vendor/Payee (Must be the same as Payee Name from page 1)

APPLICATION COMPLETION CHECKLIST

(Incomplete applications will delay approval and could possibly result in a denied application.)

- ☐ **SECTION A** – All student and parent/guardian information is complete.
- ☐ **SECTION A** – The Zip Code must have all 9 digits. You can obtain your full zip code by visiting USPS.com.
- ☐ **SECTION A** – Attached is a copy of the private school's acceptance letter for the current school year.
- ☐ **SECTION B** – Read all the affirmations; sign and date the bottom of the document.
- ☐ **SECTION C** – If your child is already an LNH recipient and you do not need to update your Vendor/Payee form, your checklist is complete here.
- ☐ **SECTION C** – If your child's eligibility is determined by adoption or out-of-home placement, skip to the Vendor/Payee checkbox.
- ☐ **SECTION C** – Attach a copy of the most current Individualized Education Program (IEP). Please verify the IEP has the Team Participant Signatures. This is normally the 2nd to last page of the IEP. The application will be denied without the signatures. If your copy does not have the team participant signatures, please contact your public school for a copy of the IEP with the signatures.
- ☐ **SECTION C** – Attach a copy of the most current Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS). Please verify the MEEGS has the Participant Signatures. This is normally the 2nd to last page of the MEEGS. The application will be denied without the signatures. If your copy does not have the participant signatures, please contact your public school for a copy of the MEEGS with the signatures.
- ☐ **SECTION D** – If you are exempt from the prior school year attendance requirement due to a United States Armed Forces transfer from another state or foreign country, please attach a copy of your permanent change of station orders.
- ☐ **SECTION D** – If you are exempt from the prior school year attendance requirement due to receiving services through SoonerStart, please submit a copy of the most current Individual Family Service Plan (IFSP).
- ☐ **VENDOR/PAYEE FORM** – Attach the completed Vendor/Payee form with your full 9-digit zip code, signature and date.

A complete LNH application and all required documentation must be received by the Oklahoma State Department of Education by December 1st of the year that the scholarship will take effect. Scholarship requests received after December 1st shall be eligible for consideration, but scholarship funding will not be available until the beginning of the following school year. If the application is received after the beginning of the school year, the scholarship will be prorated according to the approval and/or acceptance date.

Completed applications and required documents may be sent to:

Oklahoma State Department of Education, Special Education Services
Attention: Stacy Eden
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4503
Or fax: (405) 522-2380 – Attention: Stacy Eden
Or email: Stacy.Eden@sde.ok.gov

Additional information can be found on our website at www.sde.ok.gov/sde/lindsey-nicole-henry-lnh-scholarship-program-children-disabilities, and can also be obtained by contacting the OSDE, Special Education Services, Lindsey Nicole Henry Specialist Stacy Eden (405) 521-4876.

OPPORTUNITY

SCHOLARSHIP FUND

EST. 2014

Scholarship Application

Step 1: School Eligibility

Before applying for an Opportunity Scholarship Fund scholarship, a student must apply and be accepted at an accredited private school that participates in the Opportunity Scholarship Fund program.

Step 2: Student Eligibility

1. The student must be lawfully present in the United States, and have been accepted by an accredited Oklahoma private school.
2. The student must meet ONE of the following three criteria: Live in a family within the Adjusted Gross Income guidelines (see right) OR; attend, or live in the attendance zone, of a public school designated as "in need of improvement" by the State Board of Education OR; attended an Oklahoma public school with an individualized education program (IEP).
3. If the student is eligible, go to Step 3.

2020-2021 INCOME ELIGIBILITY GUIDELINES

Family size 2	\$ 95,682
Family size 3	\$120,546
Family size 4	\$145,410

For each additional family member, add \$24,864

Consult member school income eligibility guidelines as the school guidelines are usually much lower than those allowed under the law.

Step 3: Complete Student Application

1. Complete an application for each of your children eligible for a scholarship.
2. Include the first two pages of the family's most recent (2019 tax return for the 2020-21 school year) federal income tax return (Form 1040 or Form 1040EZ). Speak with your school's leadership about acceptable alternate proofs of income.
3. **Return the completed application(s) and adjusted gross income documentation to the accredited private school at which your child is accepted. DO NOT send the application directly to the OSF.**
4. The school will evaluate the family's financial needs in accordance with school policy. If the student is deemed eligible and appropriate by the participating school administration, the school will endorse the application, include a recommended scholarship amount, and forward the application to the Opportunity Scholarship Fund for processing.
5. If there are available funds in the school account, and if the student meets all eligibility requirements established in the law, the OSF will prepare a scholarship check made out jointly to the parent and school. The check will be mailed to the school.

A separate application is required for each child | Each application must be fully completed and have proof of income attached

Scholarship Requested

School Year 2019-20 ____ School Year 2020-21 ____

Has this student previously received an OSF scholarship? Yes ____ No ____ If yes, latest year of award ____

For Parent/Guardian

Number of Household Members ____ Annual Family Adjusted Gross Income \$ ____

Student Full Name ____

Student Date of Birth ____ Entering Grade ____ Gender ____ Ethnicity ____

Name and Address of Last Public School Attended (or list public school they would attend from their address)

Parent or Guardian Information

Name: ____

Address: ____

City ____ Zip ____

Phone ____ Email ____

Parent or Guardian Signature ____

For School Office (Maximum annual scholarship for 2020-21 is \$6,900 per student)

Name of School ____

Date Application Received: ____ Recommended Scholarship Amount \$ ____

The signature of the school administrator certifies the student has met the guidelines for admission, is/will be enrolled, has provided the necessary proof of current income, and that the recommended scholarship amount is within school policy. **The school should mail this completed form to: Opportunity Scholarship Fund, Scholarship Processing, 1831 East 71 Street, Tulsa, OK 74136.**

School Administrator Name: ____

School Administrator Signature ____

For OSF Office

Date Application Received: ____ By ____

Check Number and Date ____ By ____