

## STEP TWO: PROOF OF ELIGIBILITY

*(Parents email or fax proof of eligibility to Palmetto Kids FIRST.)*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's School(s): \_\_\_\_\_

Attach your child's **Proof of Eligibility** and email or fax to Palmetto Kids FIRST. We will coordinate with your school for final STEP THREE Recommendation confirming enrollment and tuition.

### 2015-2016 Educational Credit for Exceptional Needs Children (ECENC) states:

"(C) Grants may be awarded by a scholarship funding organization in an amount not exceeding ten thousand dollars or the total cost of tuition, whichever is less, for qualifying students with exceptional needs to attend an independent school. Before awarding any grant, a scholarship funding organization must receive written documentation from the parent documenting that the qualifying student is an exceptional needs child. Upon approving the application, the scholarship funding organization must issue a check to the eligible school in the name of the qualifying student. In the event that the qualifying student leaves or withdraws from the school for any reason before the end of the semester or school year and does not reenroll within thirty days, then the eligible school must return a prorated amount of the grant to the scholarship funding organization based on the number of days the qualifying student was enrolled in the school during the semester or school year within sixty days of the qualifying student's departure."

Proof of Eligibility within the past 3 years can be established by one of the following documents (*check all that apply and are attached*):

- Option #1: Independent Medical Professional Form:** Certain 3<sup>rd</sup> party medical professionals can designate a child as eligible for a scholarship grant. See attached form.
- Option #2: Multi-Disciplinary Team Report (MDTR):** Attach the MDTR issued by a public school district in full (generally 2 or 3 pages), including team signature page.
- Option #3: Individualized Education Plan (IEP):** Attach page 1 and signature page(s) of the child's IEP issued by a public school district. (*Do not send the entire IEP.*) Page 1 should indicate an "Eligibility/Reevaluation Determination Date" within the past three (3) years.
- Option #4: Individualized Service Plan (ISP):** Attach page 1, any additional pages that indicate the "Eligibility/Reevaluation Determination Date", and signature page(s) of the child's ISP issued by a public school district.

Child's Date of Eligibility from above document: \_\_\_\_\_  
*(expires after 3 years)*

Options #2, #3 & #4 are each public school documents. Each public school district uses different forms for their respective special needs eligibility paperwork. Not all documents are exactly alike or even titled the same. Generally, public school district paperwork that indicates the child is "eligible for special needs services" and signed by a "team" of public school educators will suffice.

**IMPORTANT NOTE REGARDING DOCUMENT EXPIRATION DATE:** Eligibility expires 3 years after the public school has deemed the child "eligible for special needs services" or 3 years after the doctor diagnosed the child with an eligible disability. Parents should update eligibility with Palmetto Kids FIRST regularly.

Consult the online Parent FAQs for more information and examples of the above referenced documents:  
<https://palmettokidsfirst.org/parents/parent-faqs/>

## STEP TWO: INDEPENDENT MEDICAL PROFESSIONAL FORM

*(To be completed by the Child's doctor. Parents email or fax copy to Palmetto Kids FIRST.)*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's School(s): \_\_\_\_\_

For proof of eligibility, the 2015-2016 S.C. **Educational Credit for Exceptional Needs Children** states:

“(A)(2) “Exceptional needs child” means a child:

(a) (i) who has been evaluated in accordance with this state’s evaluation criteria, as set forth in S.C. Code Ann. Regs. 43-243.1, and determined eligible as a child with a disability who needs special education and related services, in accordance with the requirements of Section 300.8 of the Individuals with Disabilities Education Act; or

(ii) who has been diagnosed within the last three years by a licensed speech-language pathologist, psychiatrist, or medical, mental health, psychoeducational, or other comparable licensed health care provider as having a neurodevelopmental disorder, a substantial sensory or physical impairment such as deaf, blind, or orthopedic disability, or some other disability or acute or chronic condition that significantly impedes the student’s ability to learn and succeed in school without specialized instructional and associated supports and services tailored to the child’s unique needs; and

(b) the child’s parents or legal guardian believes that the services provided by the school district of legal residence do not sufficiently meet the needs of the child.”

The undersigned hereby certifies the following:

- (1) I am a licensed speech-language pathologist, psychiatrist, or medical, mental health, psychoeducational, or other comparable licensed healthcare provider.

Please specify type of professional: \_\_\_\_\_

- (2) I diagnosed the above named Child on \_\_\_\_\_ (**LIST MOST RECENT DATE WITHIN LAST 3 YEARS**) as having a neurodevelopmental disorder, a substantial sensory or physical impairment such as deaf, blind, or orthopedic disability, or some other disability or acute or chronic condition that significantly impedes [his/her] ability to learn and succeed in school without specialized instructional and associated supports and services tailored to [his/her] unique needs.

Any additional considerations or details (*optional*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_