

SPECIAL EDUCATION DISTRICT OF MCHENRY COUNTY

APPLICATION FOR KNAACK AUDIOLOGICAL SUPPORT FUNDS

Date of Request

Student Name:			
Home District:			
Attending School:			
Person Making Request:			
Phone Number:			
Description of project or item:			
Indicate special needs of student(s):			
Are the requested supplies, equipment or services listed within the student's IEP as being educationally			
necessary to support the child within a school environment?Y orN			
If yes please describe:			
Please describe the financial status and ability of the family to directly purchase the requested supplies,			
equipment or services or to pay for a percentage of the cost:			
Please describe the student's medical/health insurance status and what efforts, if any, have been tried to			
secure funding for the requested supplies, equipment or services through the medical insurance process:			
Has parent been contacted?			

Parent's response:

For items over \$100.00 complete the following:

What other resources have you attempted to access:

Itemized list of requested items	Total Cost	\$ Amount Requested	
	\$	\$	
\$ \$ \$		\$	
		\$	
		\$	
	\$	\$	
		\$	
		\$	
	Total Amount Requested	\$	
Signature of Applicant:			
Signature of Parent/Guardian: Signature of Special Education Director/Coordinator:			
For Committee Use Only			
Request Approved: Yes No, additional information requested No, reason for denial Disbursement of Funds:			