

Return to:
 Nebraska Department of Education
 Special Education Office
 301 Centennial Mall South, Box 94987
 Lincoln, Nebraska 68509-4987



NDE 28-035
 (Revised 4/93)
 Due: 1st of Each Month

**SPECIAL EDUCATION
 CLAIM FOR PAYMENT OF RESIDENTIAL COSTS**

NAME OF PROVIDER:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE (INCLUDE AREA CODE):		
FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OF PROVIDER:		

Pursuant to 79 -3341 et. seq. 1987 supp., I/we hereby submit this claim for costs of providing residential services to the identified children with disabilities.

NAME OF CHILD(REN) (Alphabetical)	MONTH(S) CLAIMED	NUMBER OF DAYS PER WEEK/MONTH	RATE PER DAY/MONTH	AMOUNT CLAIMED
TOTAL AMOUNT CLAIMED				

I/we hereby certify that the claim is a true and accurate record of the expenses incurred in providing residential services to the above named child(ren) for the specified period and that funds previously applied for or received from this or any other agency are not included in this amount.

SIGNATURE:	TITLE OF AGENCY OFFICIAL (if applicable):	DATE
TO BE COMPLETED BY THE DEPARTMENT OF EDUCATION ONLY		
RECOMMENDED PAYMENT:	INITIALS:	
DATE PROCESSED:	DATE MAILED:	

Retain Copy – Return Original to NDE