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| **Your Letterhead Goes Here** |

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The following is a Memorandum of Understanding (MOU) for non-educational community based support services in the form of respite care between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the guardians/Service Provider of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This agreement outlines the provision of services as defined in the **Texas Education Code Chapter 29; Subchapter A; Sec. 29.013. For NONEDUCATIONAL COMMUNITY-BASED SUPPORT SERVICES FOR CERTAIN STUDENTS WITH DISABILITIES.** An application for the request of Non-Educational Community-Based Support has been sent to ESC Region 12. If state funds are available, ESC Region 12 may approve and Grant on behalf of said student in the amount of \_\_\_\_\_\_\_ for the period of September (2023) through August (2024). If approved, this amount will serve to reimburse the expense of respite care as delineated below. (Agreement specific conditions regarding approved community based/respite services go here). After completing the monthly services, documenting service hours, and turning this documentation into the Department of Special Education, invoices will be processed and payment will be arranged for service provider. Following payment to service provider, Department of Special Education will request reimbursement from ESC Region 12, which serves as the flow through agency for Non-Educational Funds. Amount of payment will not exceed agreed upon time/rate of services but may be limited to partial service hours in the event the service provider is not able to fulfill the approved total time allotment. By signing below, you are stating that you understand the terms in this agreement. (District Name) assumes no liability for services rendered by service providers selected by the guardian(s).

Director of Special Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Agreement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_