

FY 2024 Autism Scholarship Acceptance Form

This form must be completed by the parent/guardian and submitted to the student's primary provider prior to the first day of service.
Failure to return this form may result in termination of your scholarship.

- I **accept** the Autism scholarship. By accepting this scholarship, I acknowledge the following:
- I have read and agree to abide by the regulations governing the Autism Scholarship Program.
 - I am declining/terminating any other scholarships that my child is currently receiving from the State of Ohio.
 - My child cannot have more than one scholarship (Cleveland, EdChoice, EdChoice Expansion, Jon Peterson Special Needs) from the state of Ohio at any given time.
 - If my child enrolls at a community school or public school district, this scholarship will be terminated and I will be responsible for tuition/fees not paid by the program.
 - If my child was enrolled for the current program period in a public school district, community school or in another state scholarship program, the amount awarded for the scholarship will be reduced based on my child's date of withdrawal.

I **decline** the Autism scholarship.

Indicate the provider(s) below you have selected. If you have accepted the scholarship, indicate the date that you intend to start services with each provider and an end date if you intend to use the provider for less than the full eligibility period. Then, indicate the dollar amount of the scholarship you would like to allocate to each provider.

<u>Provider Name</u>	<u>Service Start Date</u>	<u>Service End Date</u>	<u>Allocated Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Student's Name (please print): _____ Date of Birth: _____

Parent /Guardian Signature: _____ Date: _____

Check Deposit Consent:

- I give permission to my child's scholarship provider(s) to deposit checks from the Autism scholarship for my child without my signature. I acknowledge the following:
- My decision may be withdrawn at any time by completing the Withdraw Approval for Scholarship Checks Form.
 - I am **not** required to agree to this section of the form in order to participate in the scholarship program. I can choose to continue signing my child's scholarship checks.
 - I can view payments made from my child's scholarship through the parent portal on the Ohio Department of Education's website.

Parent /Guardian Signature: _____ Date: _____

PLEASE RETURN THIS ACCEPTANCE FORM TO YOUR PROVIDER