

Oklahoma State Department of Education (OSDE)  
Special Education Services (SES)

*Lindsey Nicole Henry Scholarship  
for Students with Disabilities Application*

New Application     Annual Renewal Application (check one)

The Application for the Lindsey Nicole Henry (LNH) Scholarship must be completed by the parent and submitted to the OSDE each year. The LNH Scholarship application must be received by the OSDE **no later than December 1, 2013**, to be considered for the 2013-2014 school year. All applications received after December 1, 2013, will only be considered for the 2014-2015 school year. The LNH Scholarship award will be prorated for the applicable school year **after** it has been approved by the OSDE, if applicable.

Acceptance of the LNH Scholarship shall have the same effect as parent revocation of consent for special education services (See "Parents Rights in Special Education: Notice of Procedural Safeguards" included in this application).

**SECTION A – CONTACT INFORMATION (All Applicants Must Complete)**

Application Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Phone Number w/Area Code: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Is the Parent a State of Oklahoma employee?     Yes     No

Private School/Date Accepted: \_\_\_\_\_    Parent email: \_\_\_\_\_

**(Attach 2013-2014 letter of acceptance from the private school you wish your child to attend. The acceptance letter must be dated prior to the application date).**

Have there been any changes in the child's address, private school selection, or other relevant information since the 2012-13 school year?     Yes     No

If yes, please explain: \_\_\_\_\_

Please contact Ms. Anita Eccard, Director of Finance, at (405) 521-4865 if you require additional assistance. For updates and more information, please visit the OSDE Web site at <[www.ok.gov/sde/special-education](http://www.ok.gov/sde/special-education)>

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**SECTION B – STUDENT ELIGIBILITY INFORMATION (New Applicants Only)**

Please answer the following:

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

1. Did your child attend an Oklahoma public school last year? If yes, list district name and attendance dates: \_\_\_\_\_
2. Is your child currently enrolled in a public school?  Yes  No  
(The parent must formally **withdraw** the child from public school within ten (10) business days of receipt of written notification of scholarship approval, if school is in session, or the scholarship may be terminated.)

**The following documents must be submitted along with the application by fax or mail:**

- Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) Form and most current evaluation/reevaluation documentation
- Most current Individualized Education Program (IEP)
- Vendor/Payee Form (See attached)

**Submit completed application and required documents at least by December 1, 2013 to:**

Oklahoma State Department of Education, Special Education Services  
Attention: Ms. Anita Eccard  
2500 North Lincoln Boulevard, Suite 412  
Oklahoma City, Oklahoma 73105

or fax the application and documents to: (405) 522-2380

**SECTION C – SIGNATURE (All Applicants Must Complete)**

The information I have provided to the OSDE for the LNH Scholarship is correct and complete to the best of my knowledge. I understand that acceptance of the LNH Scholarship has the same effect as parent revocation of consent for special education and related services. (See attached "Parents Rights in Special Education: Notice of Procedural Safeguards") If my child is approved for the LNH Scholarship, submission of this application will be considered to be my acceptance of the scholarship. Once notified by the OSDE, I will formally withdraw my child from public school within ten (10) business days (if school is in session), and my child will begin attendance at the private school listed on this application at that time. I understand that I am responsible for all costs incurred at the private school for the 2013-2014 school year **BEFORE** the date of scholarship approval by the OSDE and all other non-educational costs charged by the private school. I understand that the LNH Scholarship award may be terminated if I fail to notify the OSDE within ten (10) business days of changes in my child's address, private school choice, and/or other circumstances that could affect my child's educational progress or compliance with the LNH Scholarship Act. I agree to comply with all the terms and conditions specified in the ACT (70O.S.13-101-2)

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For OSDE Use Only** (Attach all required documentation)

Date Received: \_\_\_\_\_ Acceptance Date for Private School: \_\_\_\_\_  
MEEGS Date: \_\_\_\_\_ IEP Date: \_\_\_\_\_  
Primary Disability: \_\_\_\_\_ Secondary Disability (if applicable): \_\_\_\_\_  
State Aid Verification Date: \_\_\_\_\_ Approved by: \_\_\_\_\_



State of Oklahoma  
Office of State Finance  
Vendor Maintenance

Vendor/Payee Form

Change Existing Address # \_\_\_\_\_   
Additional Address \_\_\_\_\_

The State of Oklahoma requires the following information for all new vendors (payees) before any payments can be made. This information is used to establish you in the State's vendor file. The form must be signed to be valid. This form should not be used to establish Garnishment Vendors or State Employee Vendors.

AGENCY SECTION

Agency Name _____		
Contact Name _____	Phone #: _____	Fax#: _____
<b>1099 Reportable Status</b> <input type="checkbox"/> Add: <input type="checkbox"/> Remove:	<b>Attention Paying Agency:</b> Please check the Add box on the left if payments to this vendor/Payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the Remove box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor: <input type="checkbox"/> 1 - Rents <input type="checkbox"/> 2 - Royalties <input type="checkbox"/> 3 - Prizes & Awards <input type="checkbox"/> 6 - Medical & Health Care <input type="checkbox"/> 7 - Non-Employee Compensation <input type="checkbox"/> 10 - Crop Insurance Proceeds <input type="checkbox"/> 14 - Gross Proceeds to an Attorney	
PeopleSoft (Oracle) 10-digit Vendor #: _____		

VENDOR/PAYEE SECTION (Please print or type this information. Complete and fax to requesting State Agency)

Company Name (or Individual, or Government Entity) _____		Phone # _____	Fax # _____
Name on IRS Record (if different than above) _____		Phone # _____	Fax # _____
VENDOR/PAYEE TIN/SSN: _____			
Business Address: _____			
(PO Box or Street, City, State, 9-Digit Zip Required)		EFT Payment Notification E-mail Address <small>This email will be notified when an EFT payment is made.</small>	
Optional Address – check as appropriate:			
If different, <input type="checkbox"/> Pricing <input type="checkbox"/> Ordering <input type="checkbox"/> Invoicing <input type="checkbox"/> Remitting <input type="checkbox"/> Returning		Phone # _____	Fax # _____
(PO Box or Street, City, State, 9-Digit Zip Required)		E-mail Address _____	
Contact Name & Title: _____			
If different, <input type="checkbox"/> Pricing <input type="checkbox"/> Ordering <input type="checkbox"/> Invoicing <input type="checkbox"/> Remitting <input type="checkbox"/> Returning		Phone # _____	Fax # _____
(PO Box or Street, City, State, 9-Digit Zip Required)		E-mail Address _____	
Contact Name & Title: _____			
Customer Service Information, if different:			
Phone # _____	Fax # _____	E-mail _____	

Use OSF\_GARNVEND form for Garnishment Vendors.

State Agency, fax completed and signed form to: OSF, Attention Vendor Maintenance 405-521-3383.

OSF/DCS USE ONLY:	Date Posted:	By:
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**SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES**

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the State, or may result in the State having to deduct backup withholding amounts from its remittances to you.

Federal Employer Identification Number (FEIN) \_\_\_\_\_  
 U.S. Taxpayer Identification Number (TIN) \_\_\_\_\_ if none, but applied for, date applied \_\_\_\_\_  
 U.S. Social Security Number (SSN) \_\_\_\_\_ if none, but applied for, date applied \_\_\_\_\_

DUNS Number \_\_\_\_\_

Check the box below that best describes your residency status:

**Companies:**  
 Domestic (U.S.) sole proprietorship       Domestic (U.S.) partnership       Domestic (U.S.) corporation       Domestic (U.S.) other  
 Foreign (non-U.S.) sole proprietorship\*       Foreign (non-U.S.) partnership\*       Foreign (non-U.S.) corporation\*  
 Foreign (non-U.S.) other\* - explain: \_\_\_\_\_

**Individuals:**  
 Citizen (Individual) of the United States       Resident alien (Individual) of the United States       Non-resident alien (Individual) \*\*

\* NOTE: IF YOU MARK THIS BOX, WE WILL FORWARD AN INTERNAL REVENUE SERVICE (IRS) FORM W-8 (<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>), CERTIFICATE OF FOREIGN STATUS, TO YOU. THIS MAY EXEMPT YOU FROM BACKUP WITHHOLDING. FORM W-8 DOES NOT EXEMPT YOU FROM THE 30% (OR LOWER PERCENTAGE BY TREATY) NONRESIDENT WITHHOLDING TAXES. TO CLAIM THIS EXEMPTION, YOU MUST FILE IRS FORM 8233 WITH US. FOR MORE INFORMATION, REFER TO IRS PUBLICATION 519.

**SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION**

Under penalties of perjury, I certify that the above information is correct and that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a U.S. resident alien).

*Certification instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN*

\_\_\_\_\_ Date  
 Signature of Vendor Representative or Individual Payee

\_\_\_\_\_  
 Title of Individual signing form for company

\_\_\_\_\_  
 Vendor/Payee (Same as Company Name from Page 1)

**IRS Instructions Regarding 1099 MISC Reporting**

IRS instructions regarding 1099 MISC reporting are posted on the IRS website at: <http://www.irs.gov/Instructions/1099miscIndex.html>. Reportable payments include (a) royalties or broker payments in lieu of dividends or tax-exempt interest; (b) rents, services (including parts and materials), prizes and awards, other income payments, medical and health care payments, crop insurance proceeds, cash payments for fish (or other aquatic life) you purchase from anyone engaged in the trade or business of catching fish; (c) any fishing boat proceeds; or (d) gross proceeds paid to an attorney (see below).

Generally, if reportable payments do not fall under Box 1, 2, 3, 6 or 14, use Box 7. Specifically, all payments to physicians and medical corporations must be reported in Box 6. Attorney's fees, including payments to a law firm or other provider of legal services, are reportable in Box 7, except for gross proceeds. Gross proceeds paid to attorneys, under IRC section 6045(f), are reportable in Box 14. These include the total amount paid to an attorney for settlement agreements. These rules apply whether or not the legal services are provided to the payer and whether or not the attorney is exclusive payee (e.g., the attorney's and claimant's names are on one check). However, these rules do not apply to wages paid to attorneys that are reportable on Form W-2.



**OSF Account Codes for 1099 Reporting - By Category**

<input type="checkbox"/> <b>1 - RENTS</b>		<input type="checkbox"/> <b>2 - ROYALTIES</b>		<input type="checkbox"/> <b>3 - PRIZES AND AWARDS</b>	
532110	Rent of Office Space	553170	Royalties	552140	Incentive Awards – Monetary & Material
532120	Rent of Land			552160	Incentive Payments – Oklahoma Horse Breeders & Owners
532130	Rent of Other Building Space			552170	Incentive Payments – Oklahoma Film Enhancement Rebate
532140	Rent of Equipment and Machinery				
532150	Rent of Telecommunications Equip				
532160	Rent of Electronic Data Processing Equipment				
532170	Rent of Electronic Data Processing Software				
532190	Other Rents				
<input type="checkbox"/> <b>6 - MEDICAL &amp; HEALTH CARE PAYMENTS</b>		515870	Psychiatric & Substance Abuse Hospitals		
515700	Offices of Physicians (except Mental Health Specialists)	515880	Specialty Hospitals (except Psychiatric & Substance Abuse)		
515710	Offices of Physicians, Mental Health Specialists	515890	Nursing Care Facilities		
515720	Offices of Dentists	515900	Residential Mental Retardation Facilities		
515730	Offices of Chiropractors	515910	Residential Mental Health & Substance Abuse Facilities		
515740	Offices of Optometrists	515920	Community Care Facilities for the Elderly		
515750	Offices of Mental Health Practitioners (except Physicians)	515930	Other Residential Care Facilities		
515760	Offices of Physical, Occupational & Speech Therapists, & Audiologists	537210	Laboratory Services & Supplies		
515770	Offices of Podiatrists	551230	Medical Services to Indigent (from agencies other than DHS)		
515780	Offices of all other Miscellaneous Health Practitioners	551240	Hospital Services to Indigents (from agencies other than DHS)		
515790	Family Planning Centers	551250	Other Health Services to Indigents (from agencies other than DHS)		
515800	Outpatient Mental Health & Substance Abuse Centers	515280	Surveying & Mapping (except geophysical) Services		
515810	Other Outpatient Care Centers	515290	Testing Laboratories		
515820	Medical and Diagnostic Laboratories	515300	Interior Design Services		
515830	Home Health Care Services	515310	Industrial Design Services		
515840	Ambulance Services	515320	Graphic Design Services		
515850	All other Ambulatory Health Care Services	515330	Other Specialized Design Services		
515860	General Medical & Surgical Hospitals	515350	Custom Computer Programming Services		
<input type="checkbox"/> <b>7 - NON-EMPLOYEE COMPENSATION</b>		515600	Telephone Call Centers		
515010	Office of Lawyers	515610	Business Service Centers		
515020	Offices of Notaries	515620	Collection Agencies		
515030	Other Legal Services	515630	Credit Bureaus		
515060	Accounting, Tax Preparation, Bookkeeping & Payroll Services	515640	Other Business Support Services		
515210	Payments for Contract Mentor Services	515650	Investigation & Security Services		
515220	Architectural Services	515660	Educational Services		
515230	Landscape Architectural Services	515940	Individual & Family Services		
515240	Engineering Services	515950	Community Food & Housing & Emergency & Other Relief Services		
515250	Drafting Services	515960	Vocational Rehabilitation Services		
515260	Building Inspection Services	515970	Child Day Care Services		
515270	Geophysical Surveying & Mapping Services	515980	Arts, Entertainment and Recreation		
515280	Surveying and Mapping (except geophysical) Services	515990	Other Services (except Public Administration)		
515290	Testing Laboratories	517110	Moving Expense – Employee Transfer		
515300	Interior Design Services	531150	Printing and Binding Contract		
515310	Industrial Design Services	531160	Advertising		
515320	Graphic Design Services	531170	Informational Services		
515330	Other Specialized Design Services	531190	Exhibitions, Shows and Special Events		
515350	Custom Computer Programming Services	531220	Burial Charges		
515360	Computer Systems Design Services	531330	Jury and Witness Fees		
515370	Computer Facilities Management Services	531500	Moving Expenses – General		
515380	Other Computer Related Services	533100	Maintenance & Repair – Other Items		
515400	Administrative Management & General Management Consult Services	533110	Maintenance & Repair of Buildings & Grounds (outside vendors)		
515410	Human Resources & Executive Search Consulting Services	533120	Maintenance & Repair- Equipment (outside vendors)		
515420	Marketing Consulting Services	533130	Maintenance & Repair of Telephone Equipment (outside vendors)		
515430	Process, Physical Distribution, & Logistics Consulting Services	533140	Maintenance & Repair of Data Processing Equipment (outside vendors)		
515440	Other Management Consulting Services	533150	Maintenance & Repair of Data Processing Software (outside vendors)		
515450	Environmental Consulting Services	533190	Maintenance & Repair – Employee Uniforms		
515460	Other Scientific & Technical Consulting Services	545110	Land Improvements		
515470	Research & Development in the Physical, Engineering, & Life Sciences	546210	Buildings and Other Structures –Construction and Renovation		
515480	Research & Development in the Social Sciences & Humanities	546220	Major Maintenance and Repair of Equipment		
515490	Advertising and Related Services	547110	Highway and Bridge Construction Expense-Contractual		
515500	Marketing Research & Public Opinion Polling	547120	Maintenance and Repairs to Highways and Bridges		
515510	Photographic Services	547210	Major Maintenance and Renovation –Bridges		
515520	Translation & Interpretation Services	552120	Teacher Stipends ("Incentive" payments)		
515530	Veterinary Services	553160	Legal Settlements Reportable to the IRS		
515540	All other Professional, Scientific and Technical Services	554190	Voter Registration Services		
515550	Management of Companies & Enterprises				
515560	Office Administrative Services				
515570	Employment Placement Services				
515580	Business Support Services				
515590	Document Preparation Services				
<input type="checkbox"/> <b>14 - GROSS PROCEEDS TO AN ATTORNEY</b>					
553180	Settlements – Paid To/Thru Attorney				