**EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE**

**OPERATIONAL SERVICES DIVISION**

# INDIVIDUAL PRICE AUTHORIZATION

**INDIVIDUAL PRICE REQUEST**

This Individual Price Request incorporates by reference the pricing approval by the Operational Services Division (OSD) for an hourly rate that does not exceed $20. Individual prices are governed by the Operational Services Division Regulation 808 CMR 1.06(7)(a). An “Individual Price” is required for the payment of additional, unique or specialized services for a student that are required by an approved or amended Individual Education Plan (IEP) which are not reimbursed in the program’s established price.

***If the hourly cost for the service does not exceed $20, email the completed form to:***

aquarius.wise@mass.gov

Department of Elementary and Secondary Education

**DESE will no longer accept paper copies**

***If the hourly cost for the service exceeds $20, please completed the electronic form located at***

[https://maosd.formstack.com/forms/individual\_price\_authorization\_form](https://urldefense.proofpoint.com/v2/url?u=https-3A__maosd.formstack.com_forms_individual-5Fprice-5Fauthorization-5Fform&d=DwMFAg&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=NwD4xACtB9SkpHHbiriB-eOnuXBBmOl94tx3FAgkBW8&m=syvUYRBtqxTLBo7H_D3C2bOz3W4WDEPPnmlcDWqL0t8&s=rlCZWpwTdf4WRThLzUV_kIKdcy1FF7HJeT1UNNXIVj8&e=).

**All forms over $20 must be completed electronically. OSD will not accept paper copies.**

The Individual Price Request may be submitted by a Local Education Authority or other Purchasing Agency responsible for payment for the requested services. It should be sent within 15 calendar days of the execution of the IEP, ISP or amendment. Please enter responsible agency identifying information in item 2 and sign the request form. If the Individual Price Request has been authorized by an Executive Department, attach the authorization to the tuition price letter from OSD (for MMARS documentation).

 **Please complete all spaces provided for OSD approval, including contact information and if needed any attachments.**

**Please do not include the student’s name on the request form. Please use the student’s initials and SASID.**

1. **INITIALS AND SASID FOR STUDENT REQUIRING SERVICES: INIT.\_\_\_\_ SASID\_\_\_\_\_\_\_\_\_**

**2. LOCAL EDUCATION AUTHORITY OR PURCHASING AGENCY:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. PRIVATE SCHOOL ATTENDED BY STUDENT:**

**DESE Program Code: \_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. DATES OF AUTHORIZED INDIVIDUAL SERVICES:**

**Submit one form for each fiscal year if the IEP dates cross fiscal years. Dates of service must be between 7/1 and 6/30.**

**From: \_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5 REQUESTED SERVICE:**

**Submit one form for each service.**

\_\_\_ One-to-one aide with a price of up to $20 per hour

\_\_\_ Other service (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6 AUTHORIZED PRICE:**

Hourly cost (including taxes & fringe benefits, if any): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I, an authorized representative of the above named Agency, certify that the information contained herein, including any information attached hereto is correct and in accordance with the student’s IEP.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title Signature/Date**