



**I-Star** CLAIMS TRAINING

Presented By:  
Harrisburg Project

2017-2018

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### Topics

- Pickup/Snapshot Dates
- Key Components of Claims
- Methods of Computing Days
- Calculating the Claim

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## **Student Reimbursement Pickup/Snapshot Transmission Dates**

**July 16<sup>th</sup>** - E and F (Orphanage/Orphanage Priv Fac)

**August 15<sup>th</sup>** –  
B (Private Facility)  
X and J (Excess Cost)

**November 1<sup>st</sup>** - E & F (Summer)

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## **Key Components of Claims**

- **ISBE 50-66A – Tuition Cost Sheet**
- **ISBE S50-66B – Pupil Documentation**
- **ISBE P50-66B – Personnel Documentation**
- **ISBE 50-66C – Claims Computation and Tuition Cost**
- **ISBE 50-66D – Depreciation Schedule**

<https://www.isbe.net/Pages/Special-Education-Approval-and-Reimbursement.aspx>

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## 3 Methods of Computing Days

**Manual Method**  
**Calendar Method**  
**Program Method**

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## Manual vs. Calendar Method What to Use and When

Are you receiving a bill from another public district?

**YES** = CALENDAR OR MANUAL METHOD

Are you receiving a bill from a special ed cooperative that has an official calendar?

**YES** = CALENDAR METHOD

**NO** = MANUAL METHOD

Are you receiving a bill from a private facility?

**YES** = MANUAL METHOD

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# Manual Method of Computing Days

The 2017-2018 Student Claims Data is Open.

Claim Term: Regular  Include Claim

Tuition Bill:

Method of Computing Days  
Manual

Calendar

Program  Show Coop Programs

Participation Rates  
% Regular Ed: 50 FTE: 1.0  
ADE: 1.000

	Enrolled	In Session
Regular	176	176
Total	176	176

Costs  
Cost Per 1.0 ADE: 45440  
Cost Per Pupil: 45440

Reimbursement  
Private Facility Reimbursement: 0.00 Resident District Per Cap:   
EO Reimbursement: 0.00 Reimbursement Status: **Disapproved**  
Orphanage Reimbursement: 0.00  
EC Reimbursement: 0.00  
Estimated Total: 0.00

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# Calendar Method of Computing Days

FACTs Approval: The 2017-2018 Student Approvals Data is Open.

Approval Status: Disapproved Regular Term Claim

School Year: 2017-2018

Include on Approval:

Dually Enrolled:

Fund: X

% Special Ed: 93

Resident District: Harrisburg CUSD 3 - 20-083-0030-26

Resident School: West Side Primary School - 20-083-0030-26-

Serving District: Harrisburg CUSD 3 - 20-083-0030-26 (2)

Serving School: Harrisburg Middle School - 20-083-0030-26-1

Disabilities: D-Specific Learn

Related Service:

Education Environment: 02-Inside regular classroom 40%-79% of the day

% Time Inside Reg Classroom: 50

Classroom:

Term: Regular

Method of Computing Days  
Manual  Calendar  Harrisburg CUSD 3 - 20-083-  
Program  Show Coop Programs

Participation Rates  
% Regular Ed: 50 FTE: 1  
ADE: 1

	Enrolled	In Session
Regular	174	174
Total	174	174

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# Calendar Method of Computing Days

**Claim Data**  
 The 2017-2018 Student Claims Data is Open.

Claim Term:   Include Claim

**Tuition**  
 Tuition Bill:

**Method of Computing Days**  
 Manual   
 Calendar    
 Program    Show Coop Programs

**Participation Rates**  
 % Regular Ed:  FTE:   
 ADE:

**Participation Days**

	Enrolled	In Session
Regular	<input type="text" value="173"/>	<input type="text" value="174"/>
Total	<input type="text" value="173"/>	<input type="text" value="174"/>

**Costs**  
 Cost Per 1.0 ADE:   
 Cost Per Pupil:

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# Calendar Method of Computing Days

**Reimbursement**

Private Facility Reimbursement:	<input type="text" value="0.00"/>	Resident District Per Cap:	<input type="text"/>
EO Reimbursement:	<input type="text" value="0.00"/>	Reimbursement Status:	<b>Disapproved</b>
Orphanage Reimbursement:	<input type="text" value="0.00"/>		
EC Reimbursement:	<input type="text" value="0.00"/>		
Estimated Total:	<input type="text" value="0.00"/>		



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## Calendar Method of Computing Days

Costs	
Cost Per 1.0 ADE:	<input type="text"/>
Cost Per Pupil:	<input type="text" value="0"/>

Ed Cost per Pupil = \$49,926, ADE = .902  
(49,926/.902 = \$55,350)

Participation Rates	
% Regular Ed:	<input type="text" value="54"/>
FTE:	<input type="text" value="1"/>
ADE:	<input type="text" value="0.902"/>

Costs	
Cost Per 1.0 ADE:	<input type="text" value="55350"/>
Cost Per Pupil:	<input type="text" value="49926"/>

Enter \$55,350 in the Ed Cost Per 1.0 ADE Field

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## 3 Methods of Computing Days

Manual Method  
Calendar Method  
Program Method

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## Program Method of Computing Days When to Use

- Do you have any Fund Code E student approvals?  Yes  
 No
- Do you have any Fund Code X student approvals?  Yes  
 No
- Do you have any bills to create for students that your district or coop serves from another district?  Yes  
 No

If the answer to **ANY** of the questions is 'Yes', creating programs in I-Star can be used as a tool to calculate student costs.

**Please Note!** The program method is an optional tool. Using program method of computing days is not required.

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## Program Method of Computing Days

- **50-66A/B/C(s) generated in I-Star**
- **Majority of claims calculations are done in I-Star**
- **Fields auto fill on student record based on calculations**
- **Cost Sheets at your fingertips**

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## **Calculating the Claim Create Cost Centers**

**What is a Cost Center?**

**Programs = Cost Center**

**Students in a Cost Center must have common  
educational needs**

**Which students are included in a cost center?**

(see [Reimbursement Procedures for Students with Disabilities](#) manual for guidance)

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## **Program Method in I-Star**

**Per Cap → released by ISBE**

**Create Cost Centers**

**Personnel Records**

**Student Records**

**ISBE Forms → partially auto-filled by I-Star**

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# Calculating the Claim

## Create Cost Centers

Students Personnel Room and Board

Approvals Claims **Programs** Upload Files Student Lockout Case Load Definition

**Program Definition**

School Year: 2017-2018

District: [Dropdown]

Program: [Dropdown]

Search Clear Search

Program Search Results: 0 Add

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# Calculating the Claim

## Create Cost Centers

**Program Data** Step 1 of 1

You are setting up this program.

School Year: 2017-2018

Term: Regular

Program Name: HBUG Program

Preparing District: Harrisburg CUSD 3 - 20-083-0030-26

Calendar: Harrisburg CUSD 3 - 20-083-0030-26

From Date: 08/18/2017

To Date: 05/31/2018

Per Cap To Use:  Preparing District  Other  Resident District

Per Cap Amount: 9270.00

Contact Last Name: David

Contact First Name: Haris

Contact Phone: 61861

**NEW!!**

Allow Districts to assign Students:

Save - Please save the changes to this program.

Cancel - Please exit the wizard.

Cancel Save

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# Calculating the Claim Create Cost Centers

Per Cap To Use:  Preparing District  
 Other  
 Resident District

Determine which per cap to use.

(see *Reimbursement Procedures for Students with Disabilities* manual for guidance)

# Calculating the Claim Create Cost Centers Personnel Salary

The 2017-2018 Personnel Approvals Data is Open.

**Personnel Information**  
 Name: DemoMarisa Bell IEIN: 9000034

(Show current credentials)

**Personnel Approval Information**  
 Year: 2017-2018 Employed as of: 12/1/2017  
 Entity: Wabash & Ohio Valley Sp Ed Dist (6) Total FTE: 0.0  
 Special Ed Type: B-Related Services Staff Term: Regular

**Work Assignment(s)** (Add)

Edit	Delete	Move	Up	Down	Code	Assignment	Work Assignment Status	Regular FTE
					SL	Speech/Language Impaired	Disapproved	0.0

NEW!

Show Salary Info

Save & Check Errors

# Calculating the Claim

## Create Cost Centers

### Personnel Salary

Hide Salary Info

#### Salary Information / Offsets

Local Salary & Benefits (less offsets):

IDEA Discretionary/Flow Through Salary & Benefits:

IDEA Preschool Salary and Benefits:

Orphanage Salary and Benefits:

Other Salary and Benefits:

Evidence Based Funding - Personnel:

**NOTE: Salary fields are not required to be completed if personnel are being reported for approval only (not included on a program).**

# Calculating the Claim

## Create Cost Centers

#### Program Definition (Modify) (Copy) (Add) (Delete)

School Year: **2017**

Name: **Lindsey's Program**

Term: **Regular**

District: **Harrisburg CUSD 3**

Dates: **8/22/2016 - 6/1/2017**

Contact: **Harley Davidson**

Phone: **5555555555**

Calendar: **20-083-0030-26 - Harrisburg CUSD 3**

Attend Days: **174**

Total Cost per 1.0 ADE:

Program Personnel Approval / Claim Data

# Calculating the Claim Create Cost Centers

**Personnel Search**

Multiple OR Single

District: **Wabash & Ohio Valley Sp Ed Dist (6** IEIN:

Last Name:

First Name:

Gender:

Include Retired

**Search** Clear Search Cancel

Note: Including a district will search EIS with the entered filters. Leaving this blank will perform a name search on RLIS.

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**Personnel Search Results**

Use Selected

Select	Multi Select All / None	IEIN	Name	Gender	Ethnicity	District	Spec Ed Id	Work
<input checked="" type="checkbox"/>	<input type="checkbox"/>	000081	DemoPaloma F Allen	Female	White, Non-Hispanic	Wabash & Ohio Valley Sp Ed Dist	A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	000028	DemoAngie D Baker	Female	White, Non-Hispanic	Wabash & Ohio Valley Sp Ed Dist	C	PA3
<input checked="" type="checkbox"/>	<input type="checkbox"/>	000034	DemoMarisa Bell	Female	Native Hawaiian or Other Pacific Islander	Wabash & Ohio Valley Sp Ed Dist	B	SL,SL

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# Calculating the Claim Create Cost Centers

**Program Definition** (Modify) (Copy) (Add) (Delete)

School Year: **2018** Contact: **Harley Davidson**  
 Name: **HBUG Program** Phone: **6186186186**  
 Term: **Regular** Calendar: **20-083-0030-26 - Harrisburg CUSD 3**  
 District: **Harrisburg CUSD 3** Attend Days: **174**  
 Dates: **8/18/2017 - 5/31/2018** Allow District to: **NO**  
 Assign Students:

Total Cost per 1.0 ADE:  Recalc Program

**Program Personnel Approval / Claim Data** (Add Multiples)

Delete	Personnel	Spec Id	Term	Function	Alloc. Ratio	Salary+Benefits	Salary Allocation	Evidence Based Funding	Evidence Based Funding Allocation	Total Fed Funds	Fed Funds Alloc.	Other Salary	Other Salary Alloc.
<input checked="" type="checkbox"/>	DemoPaloma Allen	A	Regular	1200	1.000	\$9,000	\$9,000	\$0	\$0	\$0	\$0	\$0	\$0
<input checked="" type="checkbox"/>	DemoAngie Baker	C	Regular	1200	1.000	\$15,500	\$15,500	\$3,500	\$3,500	\$0	\$0	\$0	\$0
<input checked="" type="checkbox"/>	DemoMarisa Bell	B	Regular	1200	1.000	\$65,000	\$65,000	\$9,000	\$9,000	\$3,000	\$3,000	\$1,000	\$1,000

Cost Sheet (5066A) Personnel Report (P5066B) Student Report (S5066B) Individual Student Reports

**Program Cost Sheet** (Print)

Edit	Term	Total Expenditures	Total Receipts	Net Cost per 1.0 ADE
<input type="checkbox"/>	Regular	\$108,259	\$11,617	\$15,044

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# Calculating the Claim Create Cost Centers

**Program Personnel Data** Step 1

You are updating the Program Personnel record

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**Personnel Information**

Name: **DemoMarisa Bell**      SpecEd Id: **B**

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Function Value:

Allocation Ratio:

Salary + Benefits:

Salary Allocation:

Evidence Based Funding Offset:

Evidence Based Funding Offset Allocation:

Total Federal Offset:

Federal Allocation:

Total Other Offset:

Other Allocation:

---

Save - Please save the changes to this program personnel data.  
 Cancel - Please exit the wizard.

    

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# Calculating the Claim Student Records

Approvals   Claims   Programs   Upload Files   Student Lockout   Case Load Definition

Reported   Un-Reported

**Student Approval Filter**

Student SIS Id:

Last Name:

First Name:

School Year:

Status:

Grade:

Term:

Tuition Status:

Show only Out of District:

Resident District:

Resident School:

Serving District:

Serving School:

Disability:

Fund:

Class Teacher:

Class Name:

Event:

 
   
   

**Student Approvals**

Actions	Ind	Student Name	SIS Id	Resident RCDI	DOB	Fund	Priv Fac	Disab	Red Svc	Ed Env	% SpEd	% Reg	Term	Begin Date	End Date	Exit Code	Incl on Appr	
			1113	Adams, DemoSabine Isa	999999010	20-083-0030-26	10/22/2001	E		D	02	13	46	B	1/10/2017			<input checked="" type="checkbox"/>
			1113	Bennett, DemoThalia Adrienne	999999006	20-083-0030-26	9/17/2008	A		D,E	02	94	65	R	12/7/2016			<input checked="" type="checkbox"/>
			1113	Butler, DemoLyndon Hubert	999999019	20-083-0030-26	11/17/2008	X		D	02	93	50	R	8/22/2017			<input checked="" type="checkbox"/>

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# Calculating the Claim Student Records

**FACTs Approval:** The 2017-2018 Student Approvals Data is Open.

Approval Status: Disapproved

School Year: 2017-2018

Include on Approval:

Dually Enrolled:

Fund: E

% Special Ed: 13

Resident District: Harrisburg CUSD 3 - 20-083-0030-26

Resident School: Harrisburg High School - 20-083-0030-26-00

Serving District: Harrisburg CUSD 3 - 20-083-0030-26 (2)

Serving School: Harrisburg Middle School - 20-083-0030-26-1

Disabilities: D-Specific Learr

Related Service: [Dropdowns]

Education Environment: 02-Inside regular classroom 40%-79% of the day

% Time inside Reg Classroom: 46

Residence Type: D-Foster family home or licensed by the Dept

Placing Agency: A-Department of Children and Family Service

Guardian Type: C - Department of Children and Family Service

Term: Both

Begin Date: 01/10/2017

**Regular Term Claim**

**Method of Computing Days**

Manual

Calendar

Program: HBUG Program

Show Coop Programs

**Participation Rates**

% Regular Ed: 46

FTE: 1.0

ADE: 1.000

**Participation Days**

	Enrolled	In Session
Regular	174	174
Total	174	174

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# Calculating the Claim Student Records

Approvals | **Claims** | Programs | Upload Files | Student Lockout | Case Load Definition

**Student Claims Filter**

Student SIS ID: [Text Box]

Last Name: [Text Box]

First Name: [Text Box]

School Year: 2017-2018

Status: [Dropdown]

Grade: [Dropdown]

Term: [Dropdown]

Tuition Status: [Dropdown]

Show only Out of District:

Resident District: Harrisburg CUSD 3 - 20-083-0030-26

Resident School: [Dropdown]

Serving District: [Dropdown]

Serving School: [Dropdown]

Disability: [Dropdown]

Fund: [Dropdown]

Program: [Dropdown]

Reimbursement Status: [Dropdown]

Class Teacher: [Dropdown]

Class Name: [Dropdown]

Event: [Dropdown]

Search | Clear Search | Recheck Edits | Export to Excel | Recalc Cal Days

**Student Claims (+ Add)**

Actions	Student Name	RCDT	Fund	Priv Fac	Approval Term	Claim Term	Begin Date	End Date	Program Name	Student ADE	Est. Reimb.	Reimb. Status	Tuition Bill	Errors
	Adams, DemoSabine Isa	R: 20-083-0030-26 S: 20-083-0030-26	E		B	R	1/10/2017		HBUG Program	1.000	\$0	D		1

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# Calculating the Claim Student Records

**Claim Data**

The 2017-2018 Student Claims Data is Open.

Claim Term:   Include Claim

---

**Tuition**

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**Method of Computing Days**

Manual

Calendar

Program  HBUG Program  Show Coop Programs

---

**Participation Rates**

% Regular Ed:  FTE:

ADE:

---

**Participation Days**

	Enrolled	In Session
Regular	<input type="text" value="174"/>	<input type="text" value="174"/>
Total	<input type="text" value="174"/>	<input type="text" value="174"/>

---

**Costs**

	Regular	Total
Cost Per 1.0 ADE:	<input type="text" value="42310"/>	
Equip Cost:	<input type="text"/>	<input type="text" value="0.00"/>
Cost Per Pupil:	<input type="text"/>	<input type="text" value="15000.00"/>
Aide Cost:	<input type="text" value="15000"/>	
Contract:	<input type="text"/>	<input type="text" value="0.00"/>

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# Calculating the Claim Student Records

**Tuition**

Tuition Bill:

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# Calculating the Claim ISBE Forms

**Program Definition** (Modify) (Copy) (Add) (Delete)

School Year: **2018** Contact: **Harley Davidson**  
 Name: **HBUG Program** Phone: **6186186186**  
 Term: **Regular** Calendar: **20-083-0030-26 - Harrisburg CUSD 3**  
 District: **Harrisburg CUSD 3** Attend Days: **174**  
 Dates: **8/18/2017 - 5/31/2018** Allow District to Assign Students: **NO**

Total Cost per 1.0 ADE:  Recalc Program

**Program Personnel Approval / Claim Data** (Add Multiples)

Delete	Personnel	Spec Id.	Term	Function	Alloc Ratio	Salary+Benefits	Salary Allocation	Evidence Based Funding	Evidence Based Funding Allocation	Total Fed Funds	Fed Funds Alloc.	Other Salary	Other Salary Alloc.
X	DemoPaloma Allen	A	Regular	1200	1.000	\$9,000	\$9,000	\$0	\$0	\$0	\$0	\$0	\$0
X	DemoAngie Baker	C	Regular	1200	1.000	\$15,500	\$15,500	\$3,500	\$3,500	\$0	\$0	\$0	\$0
X	DemoMarisa Bell	B	Regular	1200	1.000	\$65,000	\$65,000	\$9,000	\$9,000	\$3,000	\$3,000	\$1,000	\$1,000

Cost Sheet (S066A) Personnel Report (P5066B) Student Report (S5066B) Individual Student Reports

**Program Cost Sheet** (Print)

Edit	Term	Total Expenditures	Total Receipts	Net Cost per 1.0 ADE
		\$93,500	\$11,617	\$0

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# Calculating the Claim ISBE Forms

Cost Sheet (S066A) Personnel Report (P5066B) Student Report (S5066B) Individual Student Reports

**Personnel Data** (Print)

Personnel	IEIN	Spec Id.	Function	Salary	OtherSalary	Alloc. Ratio	Salary Allocation	Allocation	Total Fed Funds	Fed Funds Alloc.
Allen, DemoPaloma	9000081	A	1200	\$9,000	\$0	1.000	\$9,000	\$0	\$0	\$0
Bell, DemoMarisa	9000034	B	1200	\$69,000	\$1,000	1.000	\$69,000	\$9,000	\$3,000	\$3,000
Baker, DemoAngie	9000028	C	1200	\$15,500	\$0	1.000	\$15,500	\$3,500	\$0	\$0

P5066B will be updated to reflect changes to Program seen in the grid above

**P5066B Special Education Documentation Sheet** 4/4/2018

SCHEDULE A - PERSONNEL DOCUMENTATION

Program: **HBUG Program** Regular Term **2017 - 2018**

Code	IEIN	Name	Work Assignment	Allocation Ratio	Include Salary	Total Salary	Salary Allocation	State Reimb. Previous Year	Reimb. Allocation	Total Fed Funds	Fed Funds Allocation
A	9000081	Allen, DemoPaloma		1.00	Y	9,000.00	9,000.00	0.00	0.00	0.00	0.00
B	9000034	Bell, DemoMarisa	SL,SL	1.00	Y	69,000.00	69,000.00	9,000.00	9,000.00	3,000.00	3,000.00
C	9000028	Baker, DemoAngie	PA3	1.00	Y	15,500.00	15,500.00	3,500.00	3,500.00	0.00	0.00
<b>Subtotals for Function 1200</b>							93,500.00		12,500.00		3,000.00
<b>Grand Totals:</b>							93,500.00		12,500.00		3,000.00



# Calculating the Claim ISBE Forms

Cost Sheet (S066A) | Personnel Report (P5066B) | Student Report (S5066B) | Individual Student Reports

**Student Data (Print) (Re-calc. Days)**

Pupil	SIS Id	Resident District	Fund Code	Days Enrolled	Days Session	ADE	% Special Ed	Special Ed ADE	Aide Cost	Equip Cost	Contract Cost
DemoSabine Isa Adams	999999010	20-083-0030-26	E	63	174	0.3620	13	0.0471	\$5,621	\$0	\$0
DemoSabine Isa	000000000	20-083-0030-26	E	111	174	0.1230	13	0.0173	\$2,053	\$0	\$0

**S5066B Special Education Pupil Documentation**

SCHEDULE B - PUPIL DOCUMENTATION 4/3/2018

Program: **HBUG Program** Regular Term 2017-2018  
 Preparing District: **Harrisburg CUSD 3**

Pupil Name	Resident District	Fund Code	Days Enrolled	Days Session	ADE	% Sp Ed	Sp Ed ADE	Individual Costs		
								Aide	Equipment	Contract Services
Adams, DemoSabine	20-083-0030-26	E	174	174	1.0000	13	0.1300	\$15,000.00	\$0.00	\$0.00
Bennett, DemoThalia	20-083-0030-26	A	174	174	1.0000	94	0.9400	\$0.00	\$0.00	\$0.00
Butler, DemoLyndon	20-083-0030-26	X	173	174	0.9940	93	0.9244	\$0.00	\$0.00	\$0.00
Flores, DemoCash	20-083-0030-26	A	174	174	1.0000	100	1.0000	\$0.00	\$0.00	\$0.00
Gutierrez, DemoAggie	20-083-0030-26	X	174	174	1.0000	65	0.6500	\$0.00	\$0.00	\$0.00
King, DemoNishka	20-083-0030-26	A	173	0	0.0000	100	0.0000	\$0.00	\$0.00	\$0.00
King, DemoNishka	20-083-0030-26	A	174	174	1.0000	86	0.8600	\$0.00	\$0.00	\$0.00
Martin, DemoLangdon	20-083-0030-26	A	0	0	0.0000	100	0.0000	\$0.00	\$0.00	\$0.00
Reyes, DemoMateo	20-083-0030-26	X	174	174	1.0000	95	0.9500	\$0.00	\$0.00	\$0.00
Walker, DemoKaylen	20-083-0030-26	A	174	174	1.0000	97	0.9700	\$0.00	\$0.00	\$0.00
<b>Totals Students</b>	<b>9</b>				<b>Totals this Program</b>		<b>6.42</b>	\$15,000.00	\$0.00	\$0.00

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# Calculating the Claim ISBE Forms

Cost Sheet (S066A) | Personnel Report (P5066B) | Student Report (S5066B) | Individual Student Reports

**Program Cost Sheet (Print)**

Edit	Term	Total Expenditures	Total Receipts	Net Cost per 1.0 ADE
<input type="checkbox"/>	Regular			



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# Calculating the Claim ISBE Forms

**Cost Sheet**

School Year	2018	
Program	HBUG Program	
Term	Regular	

**Special Education Data**

1. Total ADE this program - from Student form	6.424	Reload
2. Days in session this program	174	
3. Total number Sp.Ed. Students enrolled in this district	418	Reload

**Regular Education Data**

4. Total number Students enrolled in this district	2045	Reload
5. Days in Session - from district calendar	174	Reload
6. District per capita tuition charge	9270	Reload

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# Calculating the Claim ISBE Forms

Expenditures | Undo Changes | Reload Amnts

Line #	Functions	Special Education	Regular Education	Cost Accl	Total
7	1200 - Instruction	93,500		<input checked="" type="checkbox"/>	93,500
8	2112 - Attendance			<input type="checkbox"/>	0
9	2113 - Social work Services			<input type="checkbox"/>	0
10	2120 - Guidance Services		240,961	<input type="checkbox"/>	757
11	2130 - Health Services		75,729	<input type="checkbox"/>	238
12	2140 - Psychological Services	116,601		<input type="checkbox"/>	1,792
13	2150 - Speech Pathology and Audiology Services	211,224		<input type="checkbox"/>	3,246
14	2210 - Imprv. of Instruction		214,906	<input type="checkbox"/>	675
15	2220 - Educational Media Serv.		422,022	<input type="checkbox"/>	1,326
16	2310 - Board of Education Serv.		152,914	<input type="checkbox"/>	480
17	2320 - Executive Administration		208,541	<input type="checkbox"/>	655
18	2330 - Special Area Admin.			<input type="checkbox"/>	0
19	2410 - Office of Principal		1,089,459	<input type="checkbox"/>	3,422
20	2510 - Direction of Business		98,987	<input type="checkbox"/>	311
21	2520 - Fiscal Services		430,315	<input type="checkbox"/>	1,352
22	2570 - Internal Services			<input type="checkbox"/>	0
23	2600 - Support Serv. - Central			<input type="checkbox"/>	0

**Other Function and Depreciation**

Line #	Functions	Special Education	Regular Education	Cost Accl	Total
24	2110		160,747	<input type="checkbox"/>	505

**Other Total**

24.  Enter other function 505

25. Equipment Depreciation (Special Education) 0

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# Calculating the Claim ISBE Forms

**Operation and Maintenance**

26. All 2540 expenditures: 743,872

27. Number of district-owned classrooms: 137

28. Cost / Classroom (line 26/27): 5,430

29. Number of district owned classrooms used in this program: 2 x Line 28 = 10,860

30.  Depreciation (Line 1 \* \$200)  Rent: 1,285

31. Other (Description): 0

**Total**

32. Total Expenditures: 120,404

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**Receipts**

33. State of Illinois, Section 14-13.01, Personnel Reimbursement: 12,500

33 A. Other Reimbursement: 1,000

34. Federal Funds: 3,000

35. Total Offsetting Receipts: 16,500

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**Net Expenditures**

36. Line 32 minus (-) line 35: 103,904

37. Line 36 divided (/) by line 1 (Total cost per 1.0 ADE): 16,174

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# Calculating the Claim ISBE Forms

**Program Definition** (  Modify ) ( Copy ) (  Add ) ( Delete )

School Year: 2018  
 Name: HBUG Program  
 Term: Regular  
 District: Harrisburg CUSD 3  
 Dates: 8/18/2017 - 5/31/2018

Contact: Harley Davidson  
 Phone: 6186186186  
 Calendar: 20-083-0030-26 - Harrisburg CUSD 3  
 Attend Days: 174  
 Allow District to Assign Students: NO

Total Cost per 1.0 ADE: 16174

**Program Personnel Approval / Claim Data** (  Add Multiples )

Delete	Personnel	Spec Id.	Term	Function	Alloc. Ratio	Salary+Benefits	Salary Allocation	Evidence Based Funding	Evidence Based Funding Allocation	Total Fed Funds	Fed Funds Alloc.	Other Salary	Other Salary Alloc.
<input checked="" type="checkbox"/>	DemoPaloma Allen	A	Regular	1200	1.000	\$9,000	\$9,000	\$0	\$0	\$0	\$0	\$0	\$0
<input checked="" type="checkbox"/>	DemoAngie Baker	C	Regular	1200	1.000	\$15,500	\$15,500	\$3,500	\$3,500	\$0	\$0	\$0	\$0
<input checked="" type="checkbox"/>	DemoMarisa Bell	B	Regular	1200	1.000	\$65,000	\$65,000	\$9,000	\$9,000	\$3,000	\$3,000	\$1,000	\$1,000

Cost Sheet (5066A) | Personnel Report (P5066B) | Student Report (S5066B) | Individual Student Reports

**Program Cost Sheet** (Print)

Edit	Term	Total Expenditures	Total Receipts	Net Cost per 1.0 ADE
<input checked="" type="checkbox"/>	Regular	\$120,403	\$15,500	\$16,330

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# Calculating the Claim ISBE Forms

[Cost Sheet \(5066A\)](#) | [Personnel Report \(P5066B\)](#) | [Student Report \(S5066B\)](#) | [Individual Student Reports](#)

[\(Print Student Worksheet 5066C\)](#)

[\(Print Tuition Bills\)](#)



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## Program Method in I-Star

**What Do You Get for All of Your Hard Work?**

**Individual Cost Sheets (50-66C)  
for audit purposes  
for hard copy files  
for billing purposes**

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## ISBE Reference Manuals

<http://www.hbug.k12.il.us/IStar>

Student Reimbursement Manual:

[http://www.hbug.k12.il.us/ISBEManuals/16-17PupilReimbursementInstructions\(May2017\).pdf](http://www.hbug.k12.il.us/ISBEManuals/16-17PupilReimbursementInstructions(May2017).pdf)

Personnel Approval Manual:

[http://www.hbug.k12.il.us/ISBEManuals/17-18I-StarPersonnelApprovalInst\(April2018\).pdf](http://www.hbug.k12.il.us/ISBEManuals/17-18I-StarPersonnelApprovalInst(April2018).pdf)

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## SUPPORT

### ISBE Funding and Disbursement

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