

	National Défense Defence nationale	GENERAL ALLOWANCE CLAIM	VOUCHER NO –
NOTE: THE USE OF THIS FORM IS RESTRICTED TO ONE KIND OF ALLOWANCE PER SHEET AND IS NOT TO BE USED FOR ALLOWANCES FOR WHICH FORMS HAVE ALREADY BEEN PROVIDED			BATCH NO –
FORM # 11 – EDUCATION ALLOWANCE - SPECIAL EDUCATION REQUIREMENTS <i>EFFECTIVE 01 JANUARY 2006</i>			
SN _____ RANK _____ NAME _____			
UIC/UNIT _____ SY 1 SEPTEMBER _____ TO 31 AUGUST _____			
STUDENT NAME: _____ DATE OF BIRTH (dd/mm/yyyy): _____			
Name/address/telephone number of School attending:			SCHOOL GRADE _____
Benefit			
1. Education Allowance to assist with costs associated with Special Education Needs where, in exceptional situations, a dependent student has special education needs as a result of a physical disability, special learning needs or gifted learning needs and such needs have been documented by appropriate professionals, will be based on programs normally provided without charge by the Ontario Ministry of Education and the Ministry of Social Services. It is the responsibility of the member to provide documentation in support of the special education allowance, such as, but not limited to, an assessment and recommendation of appropriate professionals to NDHQ/DCBA 5/DEM for submission to the appropriate foreign interdepartmental co-ordinating committee.			
Entitlement			
2. Education Allowance for Special Needs in addition to school fees.			
Certification by the member			
3. School authorities have done an assessment/evaluation and provided a professional recommendation; I request funding be provided to satisfy special education needs.			
4. Submission to NDHQ/DCBA to include:			
<input type="checkbox"/> recommendation letter from the appropriate school authority; and			
<input type="checkbox"/> recommendation letter from the appropriate professional authority;			
<input type="checkbox"/> source and qualifications of remedial assistant;			
<input type="checkbox"/> funding from my Health Insurance Plan has been expended. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Copy of the student's Individual Education Plan (IEP), Individual Program Plan (IPP) or modified education program followed in Canada (if applicable)			
<input type="checkbox"/> Copy of "Education Screening for a Posting Outside Canada Questionnaire on Educational Performance of Dependents" must be included with this submission before it can be processed			
5. Number of hours required _____ for remedial assistance and cost _____ per hour. This is required before an allowance can be set.			
6. I accept this Education Allowance for Special Education Needs on condition that I may be required to present proof that services requested paragraph 4 have taken place in the event of an audit. Such documentation should be kept for a period of 7 years to satisfy audit requirement.			
Member's Signature: _____		Date: _____	
Outside Canada Approving Authority Office use only:			
<input type="checkbox"/> Verified by the Education Clerk that allowance as requested is within entitlement and supporting documentation is complete.			
<input type="checkbox"/> Applicable article in the Outside Canada Education of Children "How To" Book _____			
Verified and Recommended <input type="checkbox"/> by Approving Authority: _____ Date: _____			
<input type="checkbox"/> Upon approval from NDHQ, Outside Canada Support Unit is to provide the member with an authorized copy of this allowance.			
NDHQ Approval and Certified pursuant to Section 34 of the FAA Block			DEM Case #: _____
EDUCATION ALLOWANCE FOR SPECIAL EDUCATION NEEDS \$ _____ IN LOCAL CURRENCY IS APPROVED.			
NDHQ Authority Signature: _____		Date: _____	
Financial Coding: GL: 1211, Cost Centre: 2202ZF, Fund: C103, IO: GRC0000B3207			
<input type="checkbox"/> Civilian Personnel Financial Coding: Contact DCBA 5/DEM/ <input type="checkbox"/> MSGU Financial Coding: CC: 2300AQ Fund: C117 GL 1211 IO: _____			
(For FMAS Purposes, the text description line must show: Unit UIC, last three digits of SN and member's last name)			
Received amount of _____	Currency _____	Exchange Rate used _____	CHEQUE NO. _____
Claimant's Signature _____		Date: _____	Cashier's Initials: _____