# **Overview of the Kansas Deaf-Blind Fund Application**

April, 2023



#### New LEA Administrators or Designees



- New LEA Administrators or Designees need to register using the KSDE Common Authentication Page.
  - https://apps.ksde.org/authentication/login.aspx
- Click the Green Button to the left of the page.
- Complete all of the areas on the page.
- Click Submit.

#### **Register in Common Authentication**



- Register for the Kansas Deaf-Blind Fund Application within the Common Authentication.
- Click the box next to the Kansas Grants
   Management System (KGMS) when registering.
- Select District Admin or District User from the dropdown menu.

(SDE User Registration Form	
Back to Login Page	
Indicates required field.	
Please enter your contact information:	
irst Name:*	
.ast Name:*	
Phone #:*	
Email Address:*	
Please select the organization and building that you belong to:* Drganization: USD 101 Erie-Galesburg	~
Please select the applications that you would like to access:*	Anglianting Annual and
Application Name	District Undate
	District Approve
_Annual Statistical Report(18E)	District
Auditor File Exchange	District Entry
Cansas Education Systems Accreditation (KESA)	District
	OVT Chair
ZKansas Grants Management System (KGMS)	District User
	District Oser
	District Authin
_kansas integrated Accountability System (KIAS)	District User
	District Admin

#### **The Kansas Deaf-Blind Fund Application**



- Log into Common Authentication.
- Choose Kansas Grants Management System (KGMS) to access the Kansas Deaf-Blind Fund Application.
- Select the School Year (2023-2024).
- Click on Grant Type (Deaf-Blind).
- Click on Deaf-Blind to open the application.



### The Summary Page



- The Summary Page displays information for the district to track the status of the submitted applications.
- The Summary Page includes information about the number of student applications entered, total costs entered, and cost by categories entered.
- The Summary Page is used as a quick reference to ensure all of the applications are submitted.

Kansas Grant	is Management System
Nanage Applications	User: D0259approve District: D0259 Building: 0000 Access Level: District Admin
Home	GRANT: DEAF-BLIND 2019 - 2020
laintenance -	Summary:
łþ	Current Window(s): Deaf-Blind Application Window: 01/01/2019 - 06/30/2019 (86 days left) Assessment Status: In Process
ogout	
	Summary Student Applications
	ORG-SUMMARY
	The currently active window(s) for this Deaf-Blind grant are: Deaf-Blind Application Window: 01/01/2019 - 06/30/2019 (86 days left)
	There are <b>28</b> Student Applications entered. There are <b>22</b> Student Applications Submitted to KSDE. Total Assistive Technology costs entered: <b>\$34650.47</b> . Total Consultant costs entered: <b>\$11176.99</b> . Total Evaluation costs entered: <b>\$11602.17</b> . Total costs entered: <b>\$57429.63</b> .

#### **Menu Options**

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The Blue Menu provides:

- "Manage Applications"- will return the user to KSDE Web Applications listing.
- "LEA Home"- will return the user to the District Homepage to select another year or Grant Type.
- "Maintenance"- will allow the District Administrator to set the User Security for other users logging into the application.
- "Help"- will display a list of phone numbers and hours of operation for assistance, in addition to a list of links to other resources available for assistance.
- "Logout"- will log the user out of the application.

Kansas Grant	'S MANAGEMENT SYSTEM
anage Applications	User: D0259approve District: D0259 Building: 0000 Access Level: District Admin
Home	GRANT: DEAF-BLIND 2019 - 2020
p	Summary: Current Window(s): Deaf-Blind Application Window: 01/01/2019 - 06/30/2019 (86 days left) Assessment Status: In Process
gout	Summary Student Applications
	ORG-SUMMARY The currently active window(s) for this Deaf-Blind grant are: Deaf-Blind Application Window: 01/01/2019 - 06/30/2019 (86 days left) There are <b>28</b> Student Applications entered. There are <b>28</b> Student Applications Submitted to KSDE. Total Assistive Technology costs entered: <b>\$34650.47</b> . Total Consultant costs entered: <b>\$11176.99</b> . Total Evaluation costs entered: <b>\$11176.99</b> . Total costs entered: <b>\$11602.17</b> . Total costs entered: <b>\$57429.63</b> .

#### **User Security**



- User Security is listed under maintenance on the blue menu.
- The District Administrator or Designee selects the access level for the other users.
- The access options are:
  - No Access- will not be able to View the application
  - View Only- will only be able to View, and not Edit
  - **Update** will be able to Edit information, but not Submit
  - **Submit**-will be able to Edit and Submit

% Manage Applications	User: D0259approv	ve District: D0259 Bu	uilding: 0000 Acc	cess Level: Dis	trict Admin				
LEA Home	USER SECURI	User Security							
• Maintenance •	Second Online								
7 Help	School Year		2019 - 20	20					
(+ Logout	Grant Types		Deaf-Blind	3					
					limit.				
	Users User Name	Description	View/						
	Davis Davise	No Access	Edit						
	Davis, Denise	. No Access	e C						
	Matteson, Richardu		Lø						
KANSAS      Kansas	GRANTS MANAGE	MENT SYSTE	M Building: 0000 A	ccess Level: [	District Admin				
Manage Applications         LEA Home	GRANTS MANAGE	MENT SYSTE	M Building: 0000 A	ccess Level: D	District Admin				
KANSAS      KANSAS      KANSAS      KANSAS      Kansage Applications     LEA Home     Maintenance •	GRANTS MANAGE	MENT SYSTE	M Building: 0000 A	ccess Level: D	District Admin				
<ul> <li>KANSAS (</li> <li>Manage Applications</li> <li>LEA Home</li> <li>Maintenance •</li> <li>User Security</li> </ul>	GRANTS MANAGER	MENT SYSTE	M Building: 0000 A	ccess Level: [	District Admin			Access Level	
<ul> <li>KANSAS (</li> <li>Manage Applications</li> <li>LEA Home</li> <li>Maintenance •</li> <li>User Security</li> </ul>	GRANTS MANAGER	MENT SYSTE	M Building: 0000 A	ccess Level: D	District Admin			Access Level	
<ul> <li>KANSAS (</li> <li>Manage Applications</li> <li>LEA Home</li> <li>Maintenance •</li> <li>User Security</li> <li>Help</li> </ul>	GRANTS MANAGER	MENT SYSTE	M Building: 0000 A	ccess Level: [	District Admin			Access Level No Access View Only	
KANSAS ( Manage Applications LEA Home Maintenance • User Security ? Help	GRANTS MANAGER	MENT SYSTE	M Building: 0000 A	ccess Level: [	District Admin			Access Level No Access View Only Update Sa Subarit	

### **Student Applications**



- Click on the Student Applications tab to start the application process.
- Users can add a Student Application by View, Edit, or **Delete an existing** Application.
- The Application Status is displayed on this page.

Summary	Student Applications	
ORG-STUDENT	APPLICATIONS	

#### Add Student Application

Student Applications						
Student Name	KIDS ID	Date of Birth	Application Status	Award Status	View/ Edit	Delete/ Reopen
Davis, Denise R		10/06/2018	KSDE Review	Not Yet Awarded	ľ	
dfkasjd;fkjas;, ksdjf;lkasjdlkf		04/01/2019	Submitted to KSDE	Not Yet Awarded	۲	
Hayes, Jennifer		10/06/2013	Submitted to KSDE	Not Yet Awarded	۲	
Houghton, Joan		01/25/1954	Submitted to KSDE	Not Yet Awarded	۲	
Jordan, M		03/01/2019	Approved	Not Yet Awarded	ľ	
Jordan, Mike		10/06/1967	Submitted to KSDE	Not Yet Awarded	۲	

### Student Application: Demographics 1



This page MUST be completed and saved prior to entering any Assistive Technology, Consultation, or Evaluation Services.

#### Does the student have a KIDS ID assigned?

- No. Enter the First Name, Last Name, and Date of Birth.
- Yes. A field for the KIDS ID is displayed on entry. The First Name, Last Name, and Date of Birth will be automatically populated. PLEASE USE KIDS ID WHEN AVAILABLE

#### Location of Student:

• Select from a dropdown listing of LEA's to identify where the student is physically located.

#### Payment LEA:

• Is auto-populated to display the district in which the user is registered.

#### Address:

• Is auto-populated with the mailing address of the Payment LEA. If the mailing address is not available in the KSDE Directory, enter the address manually .

#### **Contact Person:**

• Enter the name of the Contact Person. This is the name of the person who provides additional information if needed

#### Telephone:

• Enter the telephone number for the Contact Person.

Email Address:

• Enter the email for the Contact Person.

Return to Student Applications	Demographics	Assistive Technology	Consultant	Evaluation	Submit Application	Amendments	Reimbursements				
ORG-STUDENT DEMOJoan entered this.											
Aaintain Student Demographics											
Does the student have a KIDS ID assigne	d? •	No 🔿 Yes									
Student First Name:											
Student Middle Initial:											
Student Last Name:											
Date of Birth:											
Location of Student:	Se	elect a Location		V							
Payment LEA:	DC	0259 Wichita									
Address	12	3 First									
				_							
	Fir	st	CO 66047-								
Contact Person:											
Telephone:											
Email Address:											

## Student Application: Demographics 2



<ul> <li>The student is under 3 years of age at the time of the application:</li> <li>This field will be auto-populated based on the student's Date of</li> </ul>	Student is under 3 years of age at the time of application:	○ Yes ○ No
Birth. The student currently is certified Deaf-Blind by the KS Deaf-Blind Project.	Student currently is certified Deaf-Blind by the Deaf- Blind Project:	○ Yes ○ No
• Required field: Choose Yes or No. The student is certified Deaf-Blind and is transitioning from a segregated setting to his/her neighborhood school.	Student is certified Deaf-Blind and is transitioning from a segregated setting to their neighborhood school:	○ Yes ○ No
<ul> <li>Required field: Choose Yes or No.</li> <li>The student has a suspect hearing loss and documented vision loss in need of an evaluation.</li> </ul>	Student has a suspected hearing loss and documented vision loss in need of an evaluation:	○ Yes ○ No
<ul> <li>Required field: Choose Yes or No.</li> <li>The student has a suspect vision loss and documented hearing loss in pool of an evaluation.</li> </ul>	Student has a suspected vision loss and documented hearing loss in need of an evaluation:	Deaf-Blind Vision Loss Hearing Loss
<ul> <li>Required field: Choose Yes or No.</li> <li>December 1<sup>st</sup> Child Count, the student was reported as:</li> </ul>	December 1st Child Count, this student was reported as:	Other
<ul><li>Deaf-Blind</li><li>Vision Loss</li></ul>	Other:	
<ul> <li>Hearing Loss</li> <li>Multiple Disabilities</li> <li>Other-manually write the student's disability</li> <li>Provide a short summary of the student's educational program in the box.</li> <li>This field is optional.</li> </ul>	Provide a Short Summary of the Student's Educational Program:	
		Save Cancel

### **Assistive Technology**



- Click on the Add Assistive Technology Tab.
- Enter information for the item in the open screen.
- Enter the Item Name, Instructional Rationale, and Expected Price are required. (Remember to include shipping and handling.)
- Click Save. The Upload File information is displayed.
- Enter a valid Website Link for the item **OR** Upload File for the requested item .
- The Website field is formatted to accept a valid URL. If you enter <u>www.ksde.org</u>, it will NOT be accepted. Enter <u>https://www.ksde.org/</u> in order for it to be accepted.
- Provide a Title for the Upload File. Name the file as specific as possible to identify the file as more files are uploaded.
- Click Save.
- Click the link Add another Assistive Technology for an additional item.

Return to	Student Applications	Den	nographics	Assistive Tech	nology	Consultant	t Ev	aluation	Submit A	pplication	Amendments	Reimb	ursements
ORG-ASSIST	T TECH												
Add Assist	P Add Assistive Technology for Melissa, Krumwiede												
Assistive Technology records for Melissa, Krumwiede													
Item Name		Iter	n Price		Ins	tructional Rat	tionale		Web Lin	k for Item		View/ Edit	Delete
No Assistive	Technology records found	d											
					_								
Return to	Student Applications	Demogra	phics	Assistive Technology	Consu	ltant Eva	aluation	Submit Appli	cation	Amendments	Reimbursen	ients	
File uploade	ed successfully.												
ORG-MAINT	AIN ASSIST TECH												
Add anothe	er Assistive Technology for S	Smith, Julie											
– Maintain Ass	istive Technology for Si	mith, Julie						🐈 Upload File					
Item Name:	Hearing Aide							Uploaded File	s				
Instructional	student needs a hearing	aide for enh	ancement					File Name		Title	Uploaded	On	Delete
Rationale:								H:\GRANTS MANAGEMENT PRINTS\3YROLD	SCREEN DERROR.jpg	hearing aide for Smith	Julie Apr 4 20	19 10:37AM	匬
Website Link for Item:	https://www.ksde.org/												
Expected Price:	2489.56												
		Save	Cancel										

#### Consultation



- Click on the Consultantation Tab for consultation services.
- Enter the information about the Consultant
- Enter the Consultant's Name, Description of Qualifications, Description of the Consultation, and Expected Price. ALL of this information is required.
- Click Save. Upload File information will be displayed.
- Upload at least one file containing the consultant's resume or vita.
- Provide a Title for the file that was uploaded. Name the file as specific as possible as more files are uploaded.
- Click the Save.
- Click on the Add another Consultant link to add another consultant.

Return to Student	Applications	Demographics	Assistive Technology	Consultant	Evaluation	Submit Applicati	on Amendments	Reim	bursements
ORG-CONSULT									
Add Consultant for	Smith, Julie								
Consultant records f	or Smith, Julie			0					
Consultant Name		Expected Price		Description of Qua	lifications	Description of t supported by ev for that is being	he type of consultation vidence-based practices requested	View/ Edit	Delete
No Consultant records	found								
Return to Student App	lications Demo	ographics Assistiv	e Technology Consult	ant Evaluation	Submit Application	Amendments	Reimbursements		
Consultant added succ	essfully.								
ORG-MAINTAIN CONSUL									
🖶 Add another Consultant	for Smith, Julie								
Maintain Assistive Techr	nology for Smith, Ju	ılie			of Up	load File			
Consultant Name:	Denise Davis				Uploa	ded Files			
Description of Qualifications	Various				File N	ame T	itle U	oloaded On	Delete
						plotaca mes round			
Description of the type of consultation	Describe the service	e provided here							
supported by evidence- based practices for that									
is being requested									
Expected Price:	1456.99								
		Save Cancel							
Please correct the follo	wing errors before	submitting the Stude	nt Application to KSDE						
Consultant: Denise	e Davis - You must	have at least one unic	aded file in order to subn	nit.					
		and a set on o up to							

#### Evaluation



- Click the Evaluation tab.
- Enter the Name of the Evaluator, Address, City, State, ZIP Code, Service being provided, Purpose of the Evaluation, and Expected Price. These are required fields.
- Click the link. Enter the information for the Evaluation.
- The Upload File information is Displayed. Enter the data. Click Save.
- The Upload File is optional. It is NOT required.
- Provide a Title for the Upload File. Name the file as specific as possible to identify the file as more files are uploaded.
- Click Save.
- Click on Add another Evaluation to add an evaluation.

Return to Student Applicati	ons	Demographics	Assistive Technology	Consultant	Evaluation	Submit Application	Amendments	Reimb	ursements
ONG-EVAL									
🖶 Add Evaluation for Smith, Jul	ie								
Evaluation records for Smith,	, Julie								
Name of the Evaluator		Expected Price		Service being provid	ed	Purpose of the Evaluation evidenced-based practices and the second secon	ation supported by ctices	View/ Edit	Delete
No Evaluation records found									
Return to Student Applications D	Demographics	Assistive Technology	Consultant Evalu	uation Submit Applicati	ion Amendments	Reimbursements			
Evaluation added successfully.									)
ORG-MAINTAIN EVAL									)
Add another Evaluation for Smith, Julie									
Maintain Evaluation for Smith, Julie						🐈 Upload File			
Name of the Evaluator:	Denise Davis					Uploaded Files	ana ka		
Address:	123 West Fir	st St				File Name No Uploaded Files Found	Title U	ploaded On	Delete
Cit. Co									
City state ZIP:	Topeka	KS 666	565-9999						
Service being provided:	Description (	of service goes here.							
Purpose of the Evaluation (list either audiological or ophthalmological only: or list type of evaluation (e.g., asistive technology, augmentative communication, etc.) supported by evidenced-based practices:	The purpose	of the Evaluation would go l	here						
Expected Price:	1599.99								
		Save Cancel							

#### **Consultant: Upload File**



- Write a Title for each file. Make it as specific as possible to identify the file from other consultant files.
- Uploaded files are available to view.

Retarn to stadent Applications E	Allographics Assist	ive recimology	constructine	Evaluation	Subility Application	Americanenta	Kennbursemenes
Upload Files/Documentation for Studen	t 'Smith, Julie '   Consul	ant 'Denise Davis'					
Title	Consultant for Julie Smith			×			
File to Upload	H:\GRANTS MANAGEMEN	T S Browse					
Files being uploaded must be one of these t .docx, .doc, .xls, .xlsx, .txt, .pdf, .csv, .ppt, .xps, .b	<b>types:</b> omp, .gif, .jpg, .jpeg, .tif, .tiff, .	png					
				Upload File	Cancel		

### **Submit Application**



- Submit the application after the information, including Student Demographics, Assistive Technology, Consultation, and/or Evaluation have been entered.
- Type the name of the LEA SPED Director or his/her Designee. Check the box to certify the information in the application is accurate and true.
- Click Save.
- The Upload File is NOT required, but may be used for additional information. Be as specific as possible when selecting the Title for the file.
- Click Submit Student Application.

Return to Student Applica	tions Demographics	s Assistive Technology	Consultant	Evaluation	Submit Applicatio	n Amendme	ıts Reimbu	ursements	
Data saved successfully.									
ORG-SUBMIT APPL									
udent Application Submis	ssion for Smith, Julie				÷	Upload File			
LEA Director or Designee	Danira Davir	V			U	oloaded Files			
who is able to commit funds to the district:	Denise Davis	I certify that all the information in this application is and true.	ion is accurate	Fi	e Name	Title	Uploaded On	Delete	
	include an and the feather factor		Culumit Anniinstin	- huittan ta submit	Ν	o Uploaded Files Fou	nd		
The <b>Submit Appl</b> Press the <b>Save</b> buttc	the Studer the Studer ication will not be available i Please note: all Informati on to save the LEA Director, C	Here Application, please press the the Application to KSDE. if there are one or more errors on on will be read only after submissi Drganization Director and associat	the Student Applicatio ion. ed certification chec	tion. kboxes.					

## Assistive Technology Amendment



- Each Assistive Technology item Approved by KSDE can amended if needed.
- Click on the + under View/Maint to access the screen.
- All information under the Amendment section of the screen is required for each item.
- The Upload File information will be saved after entering the data.
- Click Save. The Upload File information will be displayed on the screen.
- Enter a valid Website Link for the Item OR use the Upload File for information of the requested item.
- Click Save.
- Submit the amendment to KSDE for approval.
- Clicking Submit.

Return to Student	Applications	Demographics	Assistive Technology	Consultant	Evaluation	Submit Applica	tion Amendme	nts Reim	bursements
Student Application Student Application	n for <b>reb, mich</b> a n for <b>reb, mich</b> a	ael submitted on 3 ael has been Appr	/28/2019 by Davis, Do oved on 3/28/2019.	enise.					
ORG-AMENDS									
Approved Assistive T	echnology item	s for reb, michael							
Item Name		Item Price		Instructional Ration	ale	Web Link for I	Item	View/ Maint	Delete
hearing aide		\$1,599.99		sdkjf;asdjf;kl		https://trello.co mgmt-deaf-blir	om/b/GfDj7I87/grants- nd-fund	+	
sdkjf;askdjf;lk		\$1,599.99		skdjf;aksjdf;kjas		https://trello.co mgmt-deaf-blir	m/b/GfDj7187/grants- nd-fund	+	
Return to Student App	olications Dem	ographics Assistiv	re Technology Consulta	nt Evaluation	Submit Application	Amendments	Reimbursements		
Assistive Technology A	mendment saved	successfully.							
OKG-MAINTAIN ASSIST I	ECH AMEND								
Maintain Assistive Tech	nology Amendmen	t for reb, michael				pload File			
Item Name:	hearing aide				Uplo	aded Files			
Instructional Rationale:	sdkjf;asdjf;kl				File N	Name 1	Title U	Uploaded On	Delete
Website Link for Item:	https://trello.com/b/	GfDj7187/grants-mgmt-de	af-blind-fund		Not	Jploaded Files Found			
Expected Price:	\$1,599.99								
		Amendment:							
Item Name:	hearing aide change	e							
Instructional Rationale:	this is for testing								
Website Link for Item:	https://www.logia.org								
Website Link for Item:	https://www.ksde.or	'g/							

# Consultation Amendment Kansans



- Each Consultation that is approved by KSDE can be amended if needed.
- Click on the + under View/Maint to access the screen.
- Enter the Information for each amended service is required under the Amendment Section.
- Enter the data.
- Click Save. The information will be displayed.
- Upload the file for the resume/vita to amend the Consultant. This is required.
- Enter the data.
- Click Save.
- Click Submit. The amendment will be sent to KSDE for approval.

Consultant Name Expected Price		Price		Description of Qualifications			Description supported I for that is b	of the type of consultation by evidence-based practices eing requested	View/ Maint	Delete	
denise davis		\$2,485.58			sdklfj;alksdjf;kajsdt	f		sdfasdfasdfa	sdfas	+	
m jordan		\$1,587.87			dkfj;asdklfj;laksd			dkfj;alksdjf;lk	ajsdf	+	
Return to Student App	plications Demo	graphics	Assistive Technology	Consultan	t Evaluation	Submit Applic	ation	Amendments	Reimbursements		
Assistive Technology A	Amendment saved su	ccessfully.									
ORG-MAINTAIN CONSUL	T AMEND										
Maintain Consultant An	nendment for reb, mi	chael					Upload	File			
Consultant Name:	denise davis						Uploaded	Files			
Description of Qualifications	sdkfj;alksdyf;kajsdf						File Name	Title Up		l On	Delete
Description of the type of consultation supported by evidence- based practices for that is being requested	sdfasdfasdfasdfas										
Expected Price:	\$2,485.58										
		Amenda	nent:								
Consultant Name:	denise davis										
Description of Qualifications											
Description of the type of consultation supported by evidence- based practices for that is being requested											
Expected Price:	0.00										
		Save Ca	ancel								

### **Evaluation Amendment**



- An Evaluation approved by KSDE can be amended.
- Click on the + under View/Maint to access the screen.
- Each service under the Amendment Screen is required.
- Enter the data.
- Click Save for the Upload file. Information will be displayed.
- An Evaluation Amendment does not require an Upload File. It is optional.
- Click Save.
- Click Submit. The amendment will be sent to KSDE for approval.

ame of the Evaluator		Expected Price	Service being provided		Purpose of the Evaluation supp	orted by View/	Delete
				evidenced-based practices	Maint		
enise davis		\$5,899.97	sldktj;alksdjf;kljasd;f		sdfkja;skdljfkajsd;flk	+	
Maintain Assistive Techn	ology Amendment f	for reb, michael		upload	d File		
Name of the Evaluator:	denise davis			Uploaded	d Files	-	
Address:	sdjf;askdjf;lksadjfj			File Name	e Title	Uploaded On	Delete
City State ZIP:	sdfasdfasdfasd, dk 66	666-		No Uploa	aded Files Found		
service being provided:	sldidj;alksdjf;kljasd;f						
Purpose of the Evaluation (list either audiological or ophthalmological only; or list type of evaluation (e.g., assistive technology, augmentative communication, etc.) supported by evidenced- based practices:	sdfkjæskdljfkajsd;flk						
Expected Price:	\$5,899.97						
		Amendment:					
Name of the Evaluator:	denise davis						
Address: City State ZIP:							
Service being provided:							
Purpose of the Evaluation (list either audiological or ophthalmological only; or list type of evaluation (e.g., assistive technology, augmentative communication, etc.)							

#### Reimbursements



#### This page is in development at this time.

### Contact Information for Questions about the Kansas Deaf-Blind Fund

#### • For more information, contact:

Lisa Karney lkarney@ksde.org or at 785-296-6765(V)

Sarah Reed, Admin Specialist at sreed@ksde.org or at 785-293-4602(V)

OR

https://www.ksde.org/Agency/Division-of-Learning-Services/Special-Education-and-Title-Services/Special-Education/Sensory-Losses

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201.



# Contact Information for Technical Assistance in Navigating, Data Entry, or Editing

• Phone Toll-Free: (877) 456-8777

#### • Hours (excluding Holidays): Monday- Friday 7AM – 5PM CST

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### **Kansas Deaf-Blind Fund Resources**

- The Quick Start Guide of The Kansas Deaf-Blind Fund System
- The Quick Start Guide for LEA Administrators: Assigning Security Levels for the Kansas Grants Management System
- The Overview of the Kansas Deaf-Blind Fund Power Point
- Recording for The Overview of the Kansas Deaf-Blind Fund
- The Kansas Deaf-Blind Fund FAQ
- The Quick Start Guide for LEAs: The Kansas Deaf-Blind Fund Management System

<u>https://www.ksde.org/Agency/Division-of-Learning-Services/Special-Education-and-Title-Services/Special-Education/Sensory-Losses</u>