

# Chapter 392-101 WAC

## SUPERINTENDENT OF PUBLIC INSTRUCTION—ADMINISTRATIVE PRACTICES AND PROCEDURES

### WAC

|             |   |
|-------------|---|
| 392-101-001 | Authority.  |
| 392-101-005 | Administrative practices regarding hearings and rule proceedings. |
| 392-101-010 | Conduct of administrative hearings.                               |
| 392-101-015 | Determination of indigency—Provision of free transcript.          |

**Reviser's note:** With the filing of superintendent of public instruction Order 7-75, on December 22, 1975, chapter 392-08 WAC, entitled Practice and procedure, has been superseded by chapter 392-101 WAC. See Title 392 WAC digest page for disposition of chapters and reference notes relative thereto.

**WAC 392-101-001 Authority.** The authority for this chapter is RCW 34.05.220 which authorizes the superintendent of public instruction to adopt rules governing the formal and informal procedures prescribed or authorized by chapter 34.05 RCW.

[Statutory Authority: RCW 34.05.220 [(1)](a). WSR 89-23-001 (Order 15), § 392-101-001, filed 11/2/89, effective 12/3/89. Statutory Authority: RCW 34.04.020. WSR 83-17-057 (Order 83-5), § 392-101-001, filed 8/17/83.]

**WAC 392-101-005 Administrative practices regarding hearings and rule proceedings.** The superintendent of public instruction is governed by the state Administrative Procedure Act, chapter 34.05 RCW, the Washington State Register Act, chapter 34.08 RCW, and the state office of Administrative Hearings Act, chapter 34.12 RCW. These acts govern the conduct of "rule" making proceedings and the conduct of "contested case" hearings as these terms are defined in RCW 34.05.010 (2) and (3). Appearances in representative capacities before the superintendent of public instruction; the procedures and conditions governing petitions for declaratory rulings or the adoption, amendment, or repeal of a rule; and, the standards, procedures and conditions governing the conduct of contested case hearings and proceedings by or before the superintendent of public instruction shall be as set forth in rules of the state code reviser and the office of administrative hearings as now or hereafter amended. The rules of the code reviser are currently set forth in chapters 1-08 and 1-21 WAC. The rules of the office of administrative hearings are currently set forth in chapter 10-08 WAC.

All other regulatory actions and hearings conducted by the superintendent of public instruction may be conducted informally at the discretion of the superintendent.

[Statutory Authority: RCW 34.05.220 [(1)](a). WSR 89-23-001 (Order 15), § 392-101-005, filed 11/2/89, effective 12/3/89. Statutory Authority: RCW 34.04.020. WSR 83-17-057 (Order 83-5), § 392-101-005, filed 8/17/83; Order 7-75, § 392-100-005, filed 12/22/75.]

**WAC 392-101-010 Conduct of administrative hearings.** The superintendent of public instruction hereby assigns

(9/3/13)

the following administrative hearings to the office of administrative hearings and hereby delegates to the administrative law judge conducting any such hearing the authority to render the final decision by the superintendent of public instruction:

(1) Nonresident transfer appeals pursuant to WAC 392-137-055(2).

(2) Special education hearings pursuant to chapter 392-172A WAC or as amended.

(3) Equal educational opportunity complaints pursuant to WAC 392-190-075.

(4) Professional certification appeals pursuant to WAC 181-86-150.

(5) National school lunch program, special milk program for children, school breakfast program, summer food service program, and child and adult care food program appeals pursuant to 7 C.F.R. Parts 210, 215, 220, 225 and 226.

(6) Traffic safety education appeals pursuant to WAC 392-153-001 through 392-153-070.

(7) Bus driver authorization appeals pursuant to chapter 392-144 WAC.

(8) Audit resolution appeals of agency management decisions regarding resolution of state and federal audit findings pursuant to chapter 392-115 WAC.

[Statutory Authority: RCW 28A.150.305. WSR 13-18-077, § 392-101-010, filed 9/3/13, effective 10/4/13. Statutory Authority: RCW 46.20.100 [46.20.100(2)]. WSR 08-22-035, § 392-101-010, filed 10/30/08, effective 11/30/08. Statutory Authority: RCW 46.20.100(2) and chapter 28A.220 RCW. WSR 91-18-007 (Order 91-17), § 392-101-010, filed 8/23/91, effective 9/23/91. Statutory Authority: RCW 34.04.020. WSR 89-17-067 (Order 89-07), § 392-101-010, filed 8/16/89, effective 9/16/89. Statutory Authority: RCW 28A.03.500. WSR 87-10-013 (Order 87-5), § 392-101-010, filed 4/28/87.]

**WAC 392-101-015 Determination of indigency—Provision of free transcript.** A determination of indigency shall be made for all persons wishing the provision of a free transcript of proceedings pursuant to the following standards:

(1) Any person(s) receiving one or more of the following type of public assistance: Aid to families with dependent children, general assistance, poverty related veterans' benefits, food stamps, refugee resettlement benefits, medicaid, or supplementary security income.

(2) Any person(s) receiving an annual income, after taxes, of one hundred twenty-five percent or less of the current federally established poverty level.

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|---|--|--|
|  | ADMINISTRATIVE SERVICES<br>Legal Services<br>Old Capitol Building, FO-11<br>Olympia, WA 98504-3211 | <h2 style="margin: 0;">DETERMINATION OF INDIGENCY</h2> |
|---|--|--|

**I. APPLICANT INFORMATION**

|   |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
|---|-------------------|---------|----------------|----------|------------------|----------------|----------------|--|-------------|-----------------------------|--|-------------------|------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">APPLICANT'S NAME</td></tr> <tr><td style="height: 20px;">ADDRESS</td></tr> <tr><td style="height: 20px;">CITY/STATE/ZIP</td></tr> <tr><td style="height: 20px;">EMPLOYER</td></tr> <tr><td style="height: 20px;">EMPLOYER ADDRESS</td></tr> <tr><td style="height: 20px;">CITY/STATE/ZIP</td></tr> <tr><td style="height: 20px;">STUDENT'S NAME</td></tr> </table> | APPLICANT'S NAME  | ADDRESS | CITY/STATE/ZIP | EMPLOYER | EMPLOYER ADDRESS | CITY/STATE/ZIP | STUDENT'S NAME | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">CASE NUMBER</td></tr> <tr><td style="height: 20px;">TELEPHONE NUMBER<br/>(     )</td></tr> <tr> <td style="width: 70%; height: 20px;">SOCIAL SECURITY NUMBER (optional)<br/>—     —</td> <td style="width: 30%; height: 20px;">DATE OF BIRTH<br/>         </td> </tr> <tr><td style="height: 20px;">OCCUPATION</td></tr> </table> | CASE NUMBER | TELEPHONE NUMBER<br>(     ) | SOCIAL SECURITY NUMBER (optional)<br>—     — | DATE OF BIRTH<br> | OCCUPATION |
| APPLICANT'S NAME  |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| ADDRESS   |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| CITY/STATE/ZIP  |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| EMPLOYER  |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| EMPLOYER ADDRESS  |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| CITY/STATE/ZIP  |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| STUDENT'S NAME  |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| CASE NUMBER   |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| TELEPHONE NUMBER<br>(     )   |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| SOCIAL SECURITY NUMBER (optional)<br>—     —  | DATE OF BIRTH<br> |         |                |          |                  |                |                |  |             |                             |  |                   |            |
| OCCUPATION  |                   |         |                |          |                  |                |                |  |             |                             |  |                   |            |

**II. SUPPORT OBLIGATIONS**

|   |               |               |  |  |                      |
|---|---------------|---------------|--|--|----------------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">FATHER'S NAME</td></tr> <tr><td style="height: 20px;">MOTHER'S NAME</td></tr> </table> | FATHER'S NAME | MOTHER'S NAME | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Total Number of Dependents<br/>(include applicant in count) _____</td> </tr> <tr><td style="height: 20px;">MOTHER'S MAIDEN NAME</td></tr> </table> | Total Number of Dependents<br>(include applicant in count) _____ | MOTHER'S MAIDEN NAME |
| FATHER'S NAME   |               |               |  |  |                      |
| MOTHER'S NAME   |               |               |  |  |                      |
| Total Number of Dependents<br>(include applicant in count) _____  |               |               |  |  |                      |
| MOTHER'S MAIDEN NAME  |               |               |  |  |                      |

**III. PRESUMPTIVE ELIGIBILITY**

☐ YES    ☐ NO    A. Does applicant receive public assistance. If "yes" then in what form:

|  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> AFDC <sup>1</sup> | <input type="checkbox"/> Food Stamps        | <input type="checkbox"/> Medicaid                                   | <input type="checkbox"/> Refugee Resettlement Benefits |
| <input type="checkbox"/> SSI <sup>2</sup>  | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Poverty-Related V.A. Benefits <sup>3</sup> | <input type="checkbox"/> Other; specify _____          |

☐ YES    ☐ NO    B. Is the annual income of applicant (after taxes), 125% or less of the current federally established poverty level?  
 Specify income amount after taxes \$ \_\_\_\_\_.

If Section III, A or B applies (please provide documentation) and complete Section IX only. If Section III is not applicable, complete all remaining sections.

- 1 Aid to Families with Dependent Children  
 2 Supplemental Security Income  
 3 Veteran's Administration

**IV. MONTHLY INCOME**

|   |           |
|---|-----------|
| a. Monthly take-home pay (after deductions)   | \$        |
| b. Spouse's take-home pay (enter N/A if conflict)   | \$        |
| c. Contribution from any person domiciled with applicant and helping to defray his/her basic living costs   | \$        |
| d. Interest, dividends, or other earnings   | \$        |
| e. Non-poverty based assistance (Unemployment, Social Security, Worker's Compensation, pension, annuities) (do not include poverty-based assistance. See IV a.) | \$        |
| f. Other income (specify)   | \$        |
| <b>TOTAL INCOME</b>   | <b>\$</b> |

**V. MONTHLY EXPENSES (for applicant and dependents; average where applicable)**

|   |    |
|---|----|
| <b>a. Basic living costs -</b>  | \$ |
| Shelter (rent, mortgage, board)   | \$ |
| Utilities (heat, electricity, water); enter 0 if included in cost of shelter  | \$ |
| Food  | \$ |
| Clothing  | \$ |
| Health Care   | \$ |
| Transportation  | \$ |
| Loan Payments (specify) _____   | \$ |
| <b>b. Court imposed obligations (check) _____ Fines _____ Court Costs _____ Restitution _____ Support _____ Other</b> | \$ |
| <b>c. Other expenses (specify)</b>  | \$ |
| <b>TOTAL EXPENSES</b>   | \$ |

**VI. TOTAL INCOME PART IV, MINUS TOTAL EXPENSES PART V**

Disposable Net Monthly Income

\$

**VII. LIQUID ASSETS**

|  |    |
|--|----|
| <b>a. Cash, savings, bank accounts (include joint accounts)</b>  | \$ |
| <b>b. Stocks, bonds, certificates of deposit</b>   | \$ |
| <b>c. Equity in real estate</b>  | \$ |
| <b>d. Equity in motor vehicle required for employment, IF over \$3,000 (list overage: value minus \$3,000)</b><br>Make of car: _____ Year: _____ | \$ |
| <b>e. Equity in additional vehicles (list total value)</b>   | \$ |
| <b>f. Personal property (jewelry, boat, stereo, etc.)</b>  | \$ |
| <b>TOTAL LIQUID ASSETS</b>   | \$ |

**VIII. DETERMINATION OF INDIGENCY**

|  |      |
|--|------|
| <b>a. Disposable Net Monthly Income (from Section VI.)</b> | \$   |
| <b>b. Total Liquid Assets (from Section VII.)</b>          | +    |
| <b>c. TOTAL AVAILABLE FUNDS (a. plus b.)</b>               | = \$ |

If (c) is zero (0) or less, applicant is INDIGENT. If (c) is greater than (d), party is NOT INDIGENT.

ASSESSMENT AMOUNT

\$

**IX. AFFIDAVIT AND NOTIFICATION**

I, \_\_\_\_\_ (print name) do hereby certify (or declare) under penalty of perjury under the Laws of the State of Washington that the foregoing is true and correct. By my signature below, I authorize the Superintendent of Public Instruction to verify all information provided here. I further swear to immediately report any change in financial status to the Superintendent of Public Instruction.

\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE PLACE

**RETURN TO:** Legal Services  
Office of Superintendent of Public Instruction  
Old Capitol Building, FG-11  
Olympia, WA 98504-3211

|                                       |                 |
|---------------------------------------|-----------------|
| <b>OSPI USE ONLY</b>                  |                 |
| <input type="checkbox"/> Indigent     | Signature _____ |
| <input type="checkbox"/> Not Indigent |                 |
| Date _____                            | Title _____     |