

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>STAC ID</b>

<input type="text"/>
<b>CIN NUMBER</b>

<input type="checkbox"/> <b>NEW STAC 200</b>
<input type="checkbox"/> <b>CHANGES TO A PREVIOUS STAC 200</b>

<b>1. Name of Student</b> _____ (last) (first) (m)	<b>2. Date of Birth</b> ____/____/____
--	---

<b>3. Gender of Student</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
--

<b>4. Race Ethnic Category of Student</b> (Explanation on reverse side) <input type="checkbox"/> Hispanic or Latino	<b>Not of Hispanic Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more Races
---	--

<b>5. Type of Placement</b> (Check box) <input type="checkbox"/> Chapter 947 – Residential Treatment Facilities
--

<b>6. Public School District at Time of Admission to Care</b> _____
--

<b>7. Date of Admission to Institution</b> OR <b>Date Left Institution/Changed Placement</b> ____/____/____
--

<b>8. Public School District Certifying Disability</b> _____
---

<b>9. Name of Facility in Which Child Resides</b> _____
--

<b>10. OMH Region Where Institution is Located</b> _____
---

<b>11. I CERTIFY THAT THIS CHILD HAS BEEN PLACED IN ACCORDANCE WITH THE INFORMATION INDICATED ABOVE:</b>		
_____ (Signature of Person Completing this Form)	_____ (Title)	____/____/____ (Date)
_____ Address of Institution/Agency		(____) - _____ (Area code) (Telephone No.)

NOTE: OCFS should instead use form DSS-3424 (School District Notification of Financial Responsibility for Educationally Handicapped Foster Child Placed in a Child Care Institution)

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>STAC ID</b>

<input type="text"/>
<b>CIN NUMBER</b>

<input type="checkbox"/> <b>NEW STAC 200</b>
<input type="checkbox"/> <b>CHANGES TO A PREVIOUS STAC 200</b>

<b>1. Name of Student</b> _____ (last) (first) (m)	<b>2. Date of Birth</b> ____/____/____
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_____ Address of Institution/Agency		____) - ____ (Area code) (Telephone No.)

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_____ Address of Institution/Agency		(____) - ____ (Area code) (Telephone No.)

NOTE: OCFS should instead use form DSS-3424 (School District Notification of Financial Responsibility for Educationally Handicapped Foster Child Placed in a Child Care Institution)



## Race/Ethnic Category of Student

All students must be reported as Hispanic/Latino or not Hispanic/Latino. In addition, all students must be reported with at least one race. Students, who are reported as Hispanic/Latino, regardless of their race, will be counted as Hispanic or Latino for accountability and other reporting purposes. Students who are reported as not Hispanic/Latino will be counted in the race category in which they are reported for accountability. Non-Hispanic students who are reported with more than one race category will be reported as Multiracial for accountability.

### Completing TOP BOXES:

- **STAC ID:** Enter the student's 6-character STAC ID if known.
- **CIN NUMBER:** Enter the CIN number (client ID number) assigned to this student.
- **NEW STAC 200 or CHANGES TO PREVIOUS STAC 200:** Indicate with an "X" whether this is a new STAC 200 or if you are making corrections or changes to a previous STAC-200.

### Completing (Items 1-11):

1. **Name of Student:** Enter student's last name, first name and middle initial.
2. **Date of Birth:** Enter student's date of birth expressed in digits (mo/day/year).
3. **Gender of Student:** Check appropriate box for student's gender.
4. **Racial Ethnic Category of Student:** Check appropriate category. Corresponding definitions are listed in the box at the top of this page.
5. **Type of Placement** - Check the box to indicate that this student is being placed in a Residential Treatment Facility.
  - **Chapter 947 - Residential Treatment Facilities** – A community-based psychiatric inpatient facility designed to provide the level of supervision, medical oversight, and psychiatric treatment required by children and adolescents with severe emotional disabilities (see 13 NYCRR Part 589).
6. **Public School District at Time of Admission to Care:** Enter the name of the public school district in which the student's parent or legal guardian resided at the time the student entered the care of OMH.
7. **Date of Admission to Institution OR Left Institution/Changed Placement:** Enter in the appropriate boxes the date the student was placed in the institution or terminated care/changed placement expressed in digits (mo/day/year).
8. **Public School District Certifying Disability:** Enter the name of the public school district whose Committee on Special Education (CSE) has determined that this student has a disability as defined in Education Law §4401(1) and Commissioner's Regulations Part 200.1(zz). Institutions and Special Act School Districts *cannot* certify a student as having a disability.
9. **Name of Facility in Which Child Resides:** Enter the name of the residential treatment facility where the student currently resides.
10. **OMH Region Where Institution is Located:** Enter the name of the OMH region in which the institution is physically located: Central OMH, Hudson OMH, Long Island, NYC OMH or Western OMH.
11. **CERTIFICATION:** ALL FIVE COPIES must be completed and signed.

Send original to: NYS Education Department  
STAC, Special Aids and Medicaid Unit  
89 Washington Avenue, Room 514 EB  
Albany, New York 12234  
Phone: (518) 474-7116  
Fax: (518) 402-5047

#### Copy Distribution

- Copy #1 – Placement Copy (SED)
- Copy #2 – Public School District Certifying Disability Copy
- Copy #3 – Public School District at Admission to Care Copy
- Copy #4 – Termination of Placement Copy
- Copy #5 – OMH Copy