

<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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<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
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<b>5. Type of OPWDD Placement (Check one)</b> <input type="checkbox"/> <b>Developmental Center (DEV) Attending Local Public School – Chapter 66</b> <input type="checkbox"/> <b>Intermediate Care Facility (ICF) – Chapter 721</b> <input type="checkbox"/> <b>Individual Residential Alternative (IRA) – Chapter 721</b>
--

<b>6. Name of OPWDD DDSO</b> _____	
<b>7. Name of Agency Operating the Facility</b> _____	<b>SED Code</b> <input type="text"/> <input type="text"/>
<b>8. House of Residence and Telephone Number</b> _____(____)____-____	<b>OPCERT NUMBER</b> <input type="text"/> <input type="text"/>

<b>9. Date Placed in Facility</b> ____/____/____	<b>Date of Termination of Care/Change in Placement</b> ____/____/____
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<b>10. Public School District at Time of Admission to OPWDD Care (where parents or legal guardian resided at time of admission)</b> _____
<b>11. Public School District in which House/Facility is Located</b> _____

<b>12. 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 Agency	____(____)____-____ Area code Telephone No	

<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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<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
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<b>7. Name of Agency Operating the Facility</b> _____	<b>SED Code</b> <input type="text"/> <input type="text"/>
<b>8. House of Residence and Telephone Number</b> ____ (____) _____ - _____	<b>OPCERT NUMBER</b> <input type="text"/> <input type="text"/>

<b>9. Date Placed in Facility</b> ____/____/____	<b>Date of Termination of Care/Change in Placement</b> ____/____/____
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_____ Signature of Person Completing this Form	_____ Title	____/____/____ Date
_____ Address of Agency	____ (____) _____ Area code	____ - _____ Telephone No



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<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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<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
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<b>8. House of Residence and Telephone Number</b> _____(____)____-____	<b>OPCERT NUMBER</b> <input type="text"/> <input type="text"/>

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

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<b>STAC ID</b>

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<input type="checkbox"/> <b>NEW STAC 200</b>
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<b>1. Name of Student</b> _____ (last) (first) (m)	<b>2. Date of Birth</b> ____/____/____
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<b>3. Gender of Student</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
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<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
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<b>7. Name of Agency Operating the Facility</b> _____	<b>SED Code</b> <input type="text"/> <input type="text"/>
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<b>8. House of Residence and Telephone Number</b> _____(____)____-____	<b>OPCERT NUMBER</b> <input type="text"/> <input type="text"/>
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<b>11. Public School District in which House/Facility is Located</b> _____
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_____ Signature of Person Completing this Form	_____ Title	____/____/____ Date
_____ Address of Agency	____(____)____-____ Area code Telephone No	

## 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.

**Chapter Type (Item 5)** – Check the appropriate box to indicate the Chapter Type Placement for this student.

- **Developmental Center (DEV) (Laws of 1978)** – Students residing in OPWDD developmental centers, receiving public educational services provided by the local school district where the developmental center is located. See Education Law §3202.5 (c). **CIN NUMBER:** Enter the CIN number (client ID number) assigned to this student.
- **Intermediate Care Facility (ICF) or Individual Residential Alternative (IRA) Chapter 721 (Laws of 1979)** – Students residing in an OPWDD ICF or IRA (other than OPWDD developmental centers) and receiving public or private educational services recommended by the local public school district where the ICF/IRA facility is located. See Education Law §3202.5 (d).

### Complete for ICF or IRA Placements only (Items 6 - 8)

**OPWDD DDSO (Item 6)** – Enter Developmental Disabilities Services Office (DDSO)

**Name of ICF or IRA (Item 7)** – Enter the name of the ICF or IRA and SED code (if known).

**House of Residence (Item 8)** – Enter the name and Operating Certificate Number (Opcert Number) of the residence where the student resides.

**Date Placed in Facility (Item 9)** – Enter the date the student was placed in facility (i.e. 09/10/99)

**Date of Termination of Care/Change in Placement (Item 9)** – Enter the date the student left the care of OPWDD or changed placement to a new residence or facility.

**Public School District at Time of Admission to OPWDD Care (Item 10)** – Enter the name of the public school district in which the student's parent or legal guardian resided at the time the child entered the care of OPWDD.

**Public School District in Which Facility is Located and has CSE Responsibility (Item 11)** – Enter the name of the public school district in which the facility is located.

**Certification of Placement (Item 12)** – ALL FIVE COPIES must be completed and signed.

Send original to:

NYS Education Department  
STAC, Special Aids, & Medicaid Unit  
Room 514W 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 – OPWDD Facility Copy