

STAC ID

CIN NUMBER

**NEW STAC 200
CHANGES TO A
PREVIOUS STAC 200**

1. Name of Student _____ **2. Date of Birth** ____/____/____
(last) (first) (m)

3. Gender of Student
Female
Male
Non-Binary

4. Race Ethnic Category of Student (Explanation on reverse side)
Hispanic or Latino
Not of Hispanic Origin:
American Indian or Alaskan Native White
Asian or Pacific Islander Two or more Races
Black or African American
Native Hawaiian or other Pacific Islander

5. Type of OPWDD Placement (Check one)
Developmental Center (DEV) Attending Local Public School – Chapter 66
Intermediate Care Facility (ICF) – Chapter 721
Individual Residential Alternative (IRA) – Chapter 721

6. Name of OPWDD DDSO _____
7. Name of Agency Operating the Facility _____ **SED Code of Agency Operating the Facility**

8. House of Residence and Telephone Number _____ **OPCERT NUMBER**

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9. Date Placed in Facility ____/____/____ **Date of Termination of Care/Change in Placement**
____/____/____

10. Public School District at Time of Admission to OPWDD Care (where parents or legal guardian resided at time of admission)

11. Public School District in which House/Facility is Located

**12. I CERTIFY THAT THIS CHILD HAS BEEN PLACED IN ACCORDANCE WITH THE
INFORMATION INDICATED ABOVE:**

Signature of Person Completing this Form Date

Name of Person Completing this Form (Print) Title Email Address

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"/>
STAC ID					

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

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3. Gender of Student
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Male
Non-Binary

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Developmental Center (DEV) Attending Local Public School – Chapter 66 Intermediate Care Facility (ICF) – Chapter 721 Individual Residential Alternative (IRA) – Chapter 721

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

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_____ Address of Agency		_____ Area code	_____ Telephone No

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STAC ID					

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CIN NUMBER							

NEW STAC 200 CHANGES TO A PREVIOUS STAC 200
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1. Name of Student _____	2. Date of Birth ____/____/____
(last) (first) (m)	

3. Gender of Student Female Male Non-Binary

4. Race Ethnic Category of Student (Explanation on reverse side) Hispanic or Latino	Not of Hispanic Origin: American Indian or Alaskan Native White Asian or Pacific Islander Two or more Races Black or African American Native Hawaiian or other Pacific Islander
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5. Type of OPWDD Placement (Check one) <input type="checkbox"/> Developmental Center (DEV) Attending Local Public School – Chapter 66 <input type="checkbox"/> Intermediate Care Facility (ICF) – Chapter 721 <input type="checkbox"/> Individual Residential Alternative (IRA) – Chapter 721
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6. Name of OPWDD DDSO _____	
7. Name of Agency Operating the Facility _____	SED Code of Agency Operating the Facility <input type="text"/>
8. House of Residence and Telephone Number _____ (____) _____ - _____	OPCERT NUMBER <input type="text"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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_____ Signature of Person Completing this Form		_____ Date	
_____ Name of Person Completing this Form (Print)		_____ Title	_____ Email Address
_____ 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/Medicaid Unit
Room EB 25
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