The University of the State of N THE STATE EDUCATION DEP	ODIV	D.D.	State Agency Placements
STAC ID	CIN NUM	CHA	' STAC 200 NGES TO A VIOUS STAC 200
1. Name of Student			2. Date of Birth
(last)	(first)	(m)	/
3. Gender of Student	4. Race Ethnic Category of Stu	ident Not of Hispanic Origin:	
Female	(Explanation on reverse side)	American Indian or Alaskan	Native White
Male		Asian or Pacific Islander Races	Two or more
Non-Binary	Hispanic or Latino	Black or African American Native Hawaiian or other Pac	eific Islander
5. Type of OPWDD Placement	(Check one)		
Developmental Cente	r (DEV) Attending Local Public S	chool – Chapter 66	
Intermediate Care Fa	cility (ICF) – Chapter 721		
	l 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 Tele	ephone Number		OPCERT NUMBER
			TERT NUMBER
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 O INFORMATION INDICA	CHILD HAS BEEN PLACED IN A TED ABOVE:	ACCORDANCE WITH THE	
Signature of Person Completing this Form	m		Date
Name of Person Completing this Form (I	Print) Title	Email Address	
Address of Agency		(	Telephone No

The University of the State of N	New York	<b>STAC-200</b>	Notic	ce of Other State Agency Placements
THE STATE EDUCATION DEP	PARTMENT	OPWDD		Children with Disabilities
				NEW STAC 200
	_			CHANGES TO A
STAC ID CIN NUMBER PREVIOUS STAC 200				
1. Name of Student				2. Date of Birth
(last)		(first)	(m)	//
, ,			. ,	
3. Gender of Student		4. Race Ethnic Category of Student (Explanation on reverse side) Not of His		Origin: or Alaskan Native White
Female	(Expi	unation on reverse stae)	Asian or Pacific	
Male		Races		Amorican
Non-Binary	ry i i i		Black or African Native Hawaiian	or other Pacific Islander
5. Type of OPWDD Placemen	t (Check	one)		
Developmental Cente	er (DEV) Atter	nding Local Public School – (	Chanter 66	
_			shapter oo	
Intermediate Care Fa	acility (ICF) –	Chapter 721		
Individual Residentia	al Alternative (	IRA) – Chapter 721		
6. Name of OPWDD DDSO				
7. Name of Agency Operating	the Facility		SED Code o	of Agency Operating the Facility
7. Traine of rigency Operating	the I demity			
8. House of Residence and Tel	lenhone Numb	er		
of House of Regracines and Tex	cpiione i (umo			OPCERT NUMBER
9. Date Placed in Facility		Date of	Termination of C	are/Change in Placement
10 D-LP - C-L I D-4-2-4 - 4 T	V C A J	Landa ODWDD Carra ( 1		
10. Public School District at 1	ime of Admiss	ion to OPWDD Care (where	e parents or tegat gua	rdian resided at time of admission)
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11. Public School District in w	hich House/Fa	cility is Located		
12. I CERTIFY THAT THIS	CHILD HAS I	REEN PLACED IN ACCOR	DANCE WITH TH	IF
12. I CERTIFY THAT THIS INFORMATION INDICA			DANCE WITH TH	HE
	ATED ABOVE		DANCE WITH TH	JDate
INFORMATION INDICA	ATED ABOVE		DANCE WITH TH	
INFORMATION INDICA	TED ABOVE		DANCE WITH THE	
Signature of Person Completing this For	TED ABOVE	:		

The University of the State of N	New York	<b>STAC-200</b>	Notice	of Other State Agency Placements
THE STATE EDUCATION DEP	'ARTMENT	<b>OPWDD</b>		Children with Disabilities
STAC ID		CIN NUMBER		NEW STAC 200 CHANGES TO A PREVIOUS STAC 200
1. Name of Student				2. Date of Birth
1. I dance of Student				/ /
(last)		(first)	(m)	
3. Gender of Student Female		ic Category of Student ation on reverse side)	Not of Hispanic Or American Indian or Asian or Pacific Isla	Alaskan Native White
Male	Races		Races	
Non-Binary	His	spanic or Latino	Black or African As Native Hawaiian or	merican other Pacific Islander
5. Type of OPWDD Placement	t (Check on	<u>e)</u>		
Developmental Cente	er (DEV) Attendi	ing Local Public School –	Chapter 66	
_				
Intermediate Care Fa	icinty (ICF) – Cr	iapter 721		
Individual Residentia	ıl Alternative (IR	(A) – Chapter 721		
6. Name of OPWDD DDSO				
7. Name of Agency Operating	the Facility		SED Code of A	Agency Operating the Facility
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8. House of Residence and Tele	ephone Number			
			_	OPCERT NUMBER
	(_			
9. Date Placed in Facility		Date (	of Termination of Car	e/Change in Placement
10. Public School District at T	ima of Admission	n to OPWDD Core (who	ma namenta en local cuand	ign resided at time of admission)
10. I ubile School District at 1	mic of Admission	itto Of WDD Care (whe	re parents or tegat guara	um resided at time of damission)
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11. Public School District in w	hich House/Facil	lity is Located		
12. I CERTIFY THAT THIS O INFORMATION INDICA		EN PLACED IN ACCOR	RDANCE WITH THE	
Signature of Person Completing this For	m			Date
Name of Person Completing this Form (I				
	Print)	Title	Email Address	
	Print)	Title	Email Address	_

The University of the State of N	lew York	<b>STAC-200</b>	Notice of	Other State Agency Placements
THE STATE EDUCATION DEP	ARTMENT	<b>OPWDD</b>		Children with Disabilities
STAC ID		CIN NUMBER		NEW STAC 200 CHANGES TO A PREVIOUS STAC 200
1. Name of Student				2. Date of Birth
1. I dance of Student				/ /
(last)		(first)	(m)	
3. Gender of Student Female		Category of Student on on reverse side)	Not of Hispanic Orig American Indian or A Asian or Pacific Islan	laskan Native White
Male	Races			dei Two of filore
Non-Binary	<u> </u>		Black or African Ame Native Hawaiian or o	
5. Type of OPWDD Placement	t (Check one)			
Developmental Cente	er (DEV) Attending	g Local Public School – (	Thanter 66	
_			onapter oo	
Intermediate Care Fa	icility (ICF) – Chaj	pter /21		
Individual Residentia	l Alternative (IRA	.) – Chapter 721		
6. Name of OPWDD DDSO				
7. Name of Agency Operating	the Facility		SED Code of A	gency Operating the Facility
	-			
8. House of Residence and Tele	ephone Number			
				OPCERT NUMBER
	(			
9. Date Placed in Facility		Date of	Termination of Care/	Change in Placement
10. Public School District at Ti	ime of Admission (	to OPWDD Care (wher	e parents or legal guardia	n resided at time of admission)
10.1 usite sensor bistrict at 1		30 OI WED Cure (when	e purems or regal guaran	ir restact to time of tumession)
11. Public School District in w	hich House/Facilit	y is Located		
12. I CERTIFY THAT THIS ( INFORMATION INDICA		N PLACED IN ACCOR	DANCE WITH THE	
Signature of Person Completing this Form	m			Date
Name of Person Completing this Form (I	Print)			·
	i iiit)	Title	Email Address	
		Title	Email Address()	_

The University of the State of N THE STATE EDUCATION DEP	ODIUDD	Notice of Other State Agency Placements Children with Disabilities	
STAC ID	CIN NUMBER	NEW STAC 200 CHANGES TO A PREVIOUS STAC 200	
1. Name of Student		2. Date of Birth	
(last)	(first)	/	
3. Gender of Student	4. Race Ethnic Category of Student	Not of Hispanic Origin:	
Female	(Explanation on reverse side)	American Indian or Alaskan Native White	
Male		Asian or Pacific Islander Two or more Races	
Non-Binary	Hispanic or Latino	Black or African American  Native Hawaiian or other Pacific Islander	
5. Type of OPWDD Placement	t (Check one)		
Developmental Cente	er (DEV) Attending Local Public School –	Chapter 66	
_	ncility (ICF) – Chapter 721	•	
Individual Residentia	ll 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 Tele	ephone Number		
		OPCERT NUMBER	
9. Date Placed in Facility	Date o	f 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)			
10. Public School District at 11	ime of Admission to OPWDD Care (when	re parents or legal guardian resided at time of admission)	
10. Public School District at 11	ime of Admission to OPWDD Care (when	re parents or legal guardian resided at time of admission)	
11. Public School District at 11		re parents or legal guardian resided at time of admission)	
11. Public School District in w	hich House/Facility is Located  CHILD HAS BEEN PLACED IN ACCOR		
11. Public School District in w	hich House/Facility is Located  CHILD HAS BEEN PLACED IN ACCOR TED ABOVE:		
11. Public School District in was a second dis	hich House/Facility is Located  CHILD HAS BEEN PLACED IN ACCOR TED ABOVE:	EDANCE WITH THE	

## 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*) – <u>ALL FIVE COPIES</u> 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