

SCHOOL  
YEAR

New York State Education Department  
STAC and Special Aids  
Request for Commissioner's Reimbursement Approval  
for Students in Temporary Housing  
STAC-4

STAC ID: \_\_\_\_\_ Student Name (Last, First) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Disability:

Permanent District \_\_\_\_\_

NON - Disabled  Vision Imp

Emot Dist  Ortho Imp

Designated District \_\_\_\_\_

Learn Dis  Other Health Imp

Ment Ret  Multi Disabled

Deaf  Deaf/ Blind

Provider Name: \_\_\_\_\_

Hard Hear  TBI

Code: \_\_\_\_\_

Speech Imp  Autistic

Program \_\_\_\_\_  
(Leave Blank)

Grade:

Intensity of Special Education:

1/2 Day Kindergarten

60% of day

Full Day K through 6

20% of day

Grade 7-12

Consultant teacher

Served From \_\_\_\_\_ through \_\_\_\_\_

Non-disabled

If BOCES, provide rate \$ \_\_\_\_\_

The above listed Homeless Child (Placed in Temporary Housing) has been placed in an education program funded under Chapter 348 of the Laws of 1998 amending Education Law. I certify that the child herein named is being provided the educational services indicated, and, if such child is designated as having a disability, the placement is in accordance with applicable Statutes and Regulations.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Superintendent of Schools)

Name of Person Completing This Form: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Return form to: New York State Education Department  
STAC and Special Aids  
89 Washington Avenue - Room 514 EB  
Albany, NY 12234

Student Did Not Attend

STAC 3 Previously Received