

**SCHOOL AGE
STAC-1**

(Updated December 2013)

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Albany, New York 12234

Request for Commissioner's Approval of
Reimbursement for
Services for Students with Disabilities

STAC-ID

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For NYS Education Department Use Only		
Tuition	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Maintenance	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Comments		<input type="checkbox"/> One Year Only
Signature		Date

STUDENT INFORMATION		
Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yy)	Student Identification Number <i>(if applicable)</i>	Gender
____/____/____	- -	<input type="checkbox"/> Female <input type="checkbox"/> Male

DISABILITY	RACIAL ETHNIC CATEGORY OF STUDENT
<input type="checkbox"/> Autism <input type="checkbox"/> Deafness <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Hispanic or Latino Not of Hispanic Origin: <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 <i>(see explanation on reverse side)</i>

Service Period:	From	To	1:1 Aide
Education	____/____/____	____/____/____	
Maintenance	____/____/____	____/____/____	

PLACEMENT TYPE	
2-Month Placements	10-Month Placements
<input type="checkbox"/> State Oper./State Supported (DSSOS) <input type="checkbox"/> 4408 July/August Components (DSUMR) <input type="checkbox"/> 4408 Related Services (DSSRL)	<input type="checkbox"/> State Oper. (DSSSS)/State Supported (DSSSY) <input type="checkbox"/> 4402 Private Placements (DSPRV) <input type="checkbox"/> High Cost Public Placements (DSPUB)
<input checked="" type="checkbox"/> OPWDD Chapter Placements (DSCSM) <input type="checkbox"/> Chapter 47 (Group Home) <input type="checkbox"/> Chapter 66 (Developmental Center) <input type="checkbox"/> Chapter 721 - ICF or IRA (Circle one)	<input checked="" type="checkbox"/> OPWDD Chapter Placements (DSCHP) <input type="checkbox"/> Chapter 47 (Group Home) <input type="checkbox"/> Chapter 66 (Developmental Center) <input type="checkbox"/> Chapter 721 - ICF or IRA (Circle one)
Name of OPWDD Agency Operating the Facility (for Chapter Placements only)	
Public School District that has CSE Responsibility	CSE District SED (BEDS) Code
Public School District in which the Student's Parent or Legal Guardian Resides	County of Residence
Agency to be Paid by NYS Education	Name of Approved Education Provider
Name of the Education Program	Program Code
	Half-Time Placement <input type="checkbox"/> Yes <input type="checkbox"/> No
If Maintenance is indicated, specify the Residential Facility.	Name of the Maintenance Program (be specific)
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<p>Summer Related Services Only – Number of ½ hour sessions</p> <p>Annual Cost (Public 10-month Placements Only)</p> <p>\$ _____</p>	<p>Transportation Cost (2 month & Chapter 721 only)</p> <p>\$ _____</p>	<p>Additional Fiscal information for Chapter 47, 66 and 721 Placements (10-month Only)</p> <p>Administrative Overhead Charges \$ _____ <i>(not to exceed 5% of tuition cost)</i></p> <p>CSE Cost \$ _____</p>
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Racial/Ethnic Groups

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 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.

Complete Appropriate Signature Section

PUBLIC PLACEMENTS:

For placements pursuant to section 3202.5 of the Education Law by the Office for People With Developmental Disabilities (OPWDD) (Chapter 47, 66, or 721); section 4408 of the Education Law; or Public School or BOCES High Cost pursuant to section 3602(19) of the Education Law:

I certify that the student with a disability herein named is being provided the educational services indicated and that such services have been recommended by the Committee on Special Education (CSE) and provided by the Board of Education. The required parental consent has been obtained by the CSE for the two month (July/August component) of a 12-month educational placement and the student is eligible for such placement in accordance with the Regulations of the Commissioner.

Signature – Superintendent of Schools

Date

APPROVED PRIVATE SCHOOL PLACEMENTS:

Approved private school placements pursuant to section 4402 of the Education Law (including OPWDD Chapter 47 or 721); section 4408 of the Education Law; or section 4201 of the Education Law:

I certify that the Committee on Special Education (CSE) has reviewed the information on the student herein named and that the review and the recommended placement is in accordance with the Regulations of the Commissioner. The Board of Education has determined that the program of the public school, a neighboring district or BOCES is not appropriate for the ten month placement of the student herein named and, therefore, requests approval of State Reimbursement for the services described.

Signature – Superintendent of Schools

Date

PERSON COMPLETING THIS FORM			
Name	Telephone	(Area Code) ()	(Number) -
Title	Email		

Day and In-State Residential Placements Return this form to:	4201/State Supported, State Operated, and Out of State Residential Placements Return this form to:
New York State Education Department STAC, Special Aids & Medicaid Unit 89 Washington Avenue, Room 514 EB Albany, NY 12234 (518) 474-7116 (518) 402-5047 (Fax)	New York State Education Department Office of Special Education Nondistrict Unit 89 Washington Avenue, Room 309 EB Albany, New York 12234 (518) 473-1185 (4201/State Supported, State Operated) (518) 486-6260 (Out of State Residential Placements) (518) 473-5769 (Fax)