SCHOOL AGE	The University of the State of New York THE STATE EDUCATION DEPARTMENT Albany, New York 12234		For NYS Education Department Use Only				
STAC-1 (Updated February 2022)	Request for Commissioner's Approval o Reimbursement for Services for Students with Disabilities	Tu Ma	uition aintenance	□ Approved □ Approved	☐ Disapprove	d C	∃ One Year Only
STAC-ID		Sig	gnature			Date	
S	TUDENT INFORMATION				PLACEMENT	ТҮРЕ	
Last Name	First Name Middle I	nitial	2-	Month Placements	6	10	0-Month Placements
Date of Birth (mm/dd/yy)	itudent Identification Number Gender Iden (if applicable) Gender Iden Gender Iden Gender Iden Gender Iden Gender Iden Gender Iden Male Non-Bina		4408 July/Augu 4408 Related S	d/State Supported (ust Components (DS Services (DSSRS) ter Placements (DS6	SUMR)	 4402 Privation High Cost 	(DSSSS)/State Supported (DSSSY) te Placements (DSPRV) Public Placements (DSPUB) hapter Placements (DSCHP)
DISABILITY Autism Deafness Emotional Disturbance Hearing Impairment	RACIAL/ETHNIC CATEGORY STUDENT Hispanic or Latino Not of Hispanic Origin: American Indian or Alaskan Nati		□ Chapter 6 □ Chapter 7	7 (Group Home) 6 (Developmental C 21 - ICF or IRA (C of OPWDD Agenc	ircle one)	Chap Chap Chap	ter 47 (Group Home) ter 66 (Developmental Center) ter 721 - ICF or IRA (Circle one) ter Placements only)
Intellectual Disability Learning Disability Multiple Disabilities Other Health Impairment Orthopedic Impairment Speech or Language Impairm Traumatic Brain Injury Visual Impairment	Asian or Pacific Islander Black or African American Native Hawaiian or other Pacific Islander White Two or more Races (see explanation on reverse side)	Pu	ublic School Distri	ict that has CSE Re ict in which the Stud by NYS Education	sponsibility lent's Parent or Leg		trict SED (BEDS) Code
Service Period: F Education		Aide %	ame of Approved ame of Residentia		EDUCATIO	Program Nam	
Summer Related Servic		2 mont	h & Chapter		10-Month Cha		nd 721 Placements
Number of ½ hour sessions	10-Month Annualized Cost	Trai \$	nsportation Cost	Adm \$		l Charges nnot exceed of tuition cost)	CSE Cost \$

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

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

Date

PERSON COMPLETING THIS FORM						
Name	Telephone (Area Co	ode) (Number)				
Title	Email					

Day and In-State Residential	§4201/State Supported, State-Operated,			
Placements	Out of State, and CRP Residential Placements			
Return this form to:	Return this form to:			
New York State Education Department	New York State Education Department			
STAC/Medicaid Unit	Office of Special Education Nondistrict Unit			
89 Washington Avenue, Room EB 25	89 Washington Avenue, Room 309 EB			
Albany, NY 12234	Albany, New York 12234			
 Submit via SED File Transfer Manager: 1. Upload to school district "inbasket" 2. Send notification email to: OMSSTAC@nysed.gov 	Dedicated Mailboxes:Out of State & CRP:OOSAPP@nysed.gov§4201/State Supported:StateSup4201@nysed.govState Operated:NYSSBNYSSD@nysed.gov			