

Explanation/Correction of Summer 9015 Programs (Half-Hour Units > 120 Units) Verified and Stopped Online for Summer Section 4408

ENTER YEAR	CSE DISTRICT CODE	CSE DISTRICT NAME	DATE RETURNED TO STAC
July/Aug ____/____/____			____/____/____

ENTER 6-DIGIT STAC ID	LAST NAME, FIRST NAME	EDUCATION PROVIDER	# OF HALF-HOUR UNITS ENTERED & VERIFIED ON SYSTEM	ACTUAL # OF HALF-HOUR UNITS (AS PER IEP)

If the number of verified units is 120+ half-hour units, attach a copy of the student's IEP pages indicating the number and length of the service units and whether the services were provided in a group or individual setting.

THIS FORM MUST BE COMPLETED AND SIGNED BY: <ul style="list-style-type: none"> ▪ DISTRICT SUPERINTENDENT/SCHOOL BUSINESS OFFICIAL ▪ CSE CHAIRPERSON 					Return by mail to: New York State Education Department STAC and Medicaid Unit 89 Washington Avenue, Room 514 EB Albany, NY 12234 Attention: Kelly Mason Or by Fax (518) 402-5047
_____ Superintendent/Business Official Signature	_____ Title	_____ Telephone #	_____/_____/_____ Date		
_____ CSE Chairperson Signature	_____ Title	_____ Telephone #	_____/_____/_____ Date		