

## Notice of Modified Instructional Hours for School Age Approved 9010 Summer 4408 Program

**Instructions:** Submit a completed and signed form to [OMSSTAC@nysed.gov](mailto:OMSSTAC@nysed.gov) to notify the STAC/Medicaid Unit whenever there is a change in the number of hours that a 9010 program operates.

PROVIDER INFORMATION	
Legal Name of Agency Operating 9010 Program	
Agency Type <div style="display: flex; justify-content: space-between; font-size: small;"> <span>School District</span> <span>Private Provider</span> <span>BOCES</span> <span>Special Act District</span> <span>Municipality</span> </div>	
Agency 12-digit NYSED Code	
<b>Contact Person for the Education Program</b>	Name
	Title
	<div style="display: flex; justify-content: space-between;"> <span>Telephone</span> <span>Email Address</span> </div>

APPROVAL INFORMATION	
Date of Most Recent School Age Approval Letter	Approved Staffing Ratio for 9010 Program _____ Students : _____ Teachers + _____ Paraprofessionals
Other Approved 9010 Staffing Ratios (if applicable): _____ : _____ + _____    _____ : _____ + _____    _____ : _____ + _____    _____ : _____ + _____	

Identify the specific times when instruction will occur, starting Summer \_\_\_\_\_:

INSTRUCTIONAL TIME					
Day of the Week	Morning		Afternoon		Total Hours Per Day (Excluding Lunch)
	Start	Finish	Start	Finish	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I certify that the information on this form is complete and accurate, and that the information has been verified against the appropriate legal documentation.	
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <span>_____</span> <span>_____</span> </div>	
Print Name	Date
Signature	Title