

Fax Request Form to Add Agency to Drop Down Menus

This form is used by representatives of School Districts (including BOCES), SED-approved Education Providers and Municipalities who wish to add agencies to drop down menus on the various service screens. *Multiple forms may be submitted together in a single fax if multiple drop down additions are requested.*

To: STAC & Medicaid Unit	From:
Fax: (518) 402-5047	Pages:
Re: EFRT Drop Down Menus	Date:

SCHOOL DISTRICT/COUNTY REQUESTING DROP DOWN ADDITION	
Agency (Requesting Drop Down) Name	SED (BEDS) Code

SERVICE TYPE	TYPE OF DROPDOWN
<input type="checkbox"/> (DSCHP) School Age 10 Month Chapter Placement <input type="checkbox"/> (DSCSM) School Age Summer Chapter Placement <input type="checkbox"/> (DSPRV) Private Excess Cost <input type="checkbox"/> (DSPUB) High Cost - Public <input type="checkbox"/> (DSSRL) School Age Summer Related Service <input type="checkbox"/> (DSUMR) School Age Summer Placement <input type="checkbox"/> (DVSSY) State Supported 10 Month Placement <input type="checkbox"/> (DVST3/DSSOS) State Supported/State Operated Summer Transportation <input type="checkbox"/> (DSEVL) Evaluation Approval Request 4410 <input type="checkbox"/> (DSPRE) CPSE Preschool Service Request 4410 <input type="checkbox"/> (DSSEI) SEIT/Related Service Approval Request <input type="checkbox"/> (DSHOM) Homeless Approval Request <input type="checkbox"/> (DSOSA) Other State Agency Placements	<input type="checkbox"/> Education Provider/Evaluator <input type="checkbox"/> Maintenance Provider <input type="checkbox"/> Admission District <input type="checkbox"/> CSE District <input type="checkbox"/> District of Residence <input type="checkbox"/> Agency to be Paid <input type="checkbox"/> ICF/IRA Provider
	SCHOOL YEAR
	<input type="checkbox"/> Apply drop down change starting with the current school year. <input type="checkbox"/> Apply drop down change starting with the following school year: <div style="font-size: 1.2em; font-weight: bold; text-align: center;">SY -</div>

PROVIDER/SCHOOL DISTRICT/COUNTY TO BE ADDED TO DROP DOWN	
Agency (to be Added to Drop Down) Name	SED (BEDS) Code

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