

Request Form to Add Agencies 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 PDF if more than two drop-down additions are requested.*

To: STAC/Medicaid Unit	From:
Email: OMSSTAC@nysed.gov	Pages:
Re: EFRT Drop-Down Menus	Date:

SCHOOL DISTRICT/COUNTY REQUESTING DROP-DOWN ADDITION	SED (BEDS) CODE																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>																				

SERVICE TYPE	SCHOOL YEAR
<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"/> (DSSRS) 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"/> 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>
TYPE OF DROP-DOWN	
<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	

NAME OF AGENCY TO BE ADDED TO DROP-DOWN	SED (BEDS) CODE																				
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PERSON COMPLETING THIS FORM			
Name	Telephone	(Area Code)	(Number)
Title	Email		