

**NEW YORK STATE EDUCATION DEPARTMENT
STAC, SPECIAL AIDS AND MEDICAID UNIT
SCHOOL-AGE REQUEST FOR REIMBURSEMENT FOR FULL-TIME 1:1 AIDES,
PART-TIME/SHARED 1:1 AIDES and 1:1 RN, 1:1 LPN, 1:1 INTERPRETERS f/t DEAF**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, PLEASE REFER TO THE 1:1 REQUEST GUIDE

STAC ID# : _____ (if known)

Student Name: _____

Date of Birth: _____

Education Provider: _____

School Code: _____

Program Name: _____

Program Code: _____

- Type: Full-Time Aide _____ Part-Time Aide _____ RN _____ LPN _____ Interpreter f/t Deaf _____
- Is this 1:1 Aide/Nurse/Interpreter Shared? No _____ Yes _____ No. of Students Sharing the 1:1 _____
- Component: Education Only _____ Maintenance Only _____ Education & Maintenance _____

<u>1:1 FOR EDUCATION ONLY:</u>	
Requested Start Date of 1:1: ____/____/____	Projected End Date of 1:1: ____/____/____
Hours Per Day Program Runs: _____	Hours Per Day Student Attends _____ Days Per Week Student Attends _____
1:1 Hours Per Day Requested: _____	1:1 Days Per Week Requested: _____

District of Residence/District of Service Assurance

I have reviewed the above named student's records and assure that the student's Individualized Education Plan (IEP) specifically requires that a 1:1 Aide/Nurse/Interpreter be provided for the period indicated above.

CSE Responsible School District _____

CSE SED District Code _____

Date _____

Signature of Superintendent of Schools (NYC- Superintendent of Clinical Services) _____

<u>1:1 FOR MAINTENANCE ONLY:</u>	
Report the following for the maintenance portion only of a CSE placed student in either an eligible in-state or out-of-state 853 residential facility.	
Requested Start Date of 1:1: ____/____/____	Projected End Date of 1:1: ____/____/____
<u>Hours of Service/Days of Service</u>	
School Days (M-F): _____ hrs./ _____ days	
Non-School Days (S-S): _____ hrs./ _____ days	
Salary and Fringe Benefits per hour:	\$ _____
***** SED	
USE ONLY Approved: _____	Date: _____

Contact Person: _____ Phone #: () _____
Fax #: () _____ E-mail Address: _____