STAC-813 | The University of the State of New York
THE STATE EDUCATION DEPARTMENT | Rev. 09/2020

School Age Request for Reimbursement for Student-Specific Nurses, Interpreters, Maintenance Aides & Out-of-State Education Aides

STAC-ID | | | | | | |

Do NOT submit this form for:

a) In-State Education Aides
(Enter aide percentage on EFRT service approval screen)

b) Aides for 10-Month Public Placements
(Include in Section III of DCPUB High Cost Worksheet)

Scan and upload completed forms to SED File Transfer Manager (FTM) "inbasket".
Email OMSSTAC@nysed.gov with the SED FTM location and filename. Do NOT attach completed forms to emails.

STUDENT AND SCHOOL DISTRICT INFORMATION	
Student Name:	Date of Birth (mm/dd/yy): _____
Name of School District with CSE Responsibility:	School District SED Code:

SCHOOL AGE EDUCATION PLACEMENT	
Education Provider Name:	Education Provider SED Code:
Program Name:	Program Code: -
Program Runs: _____ Hours/Day _____ Days/Week	Student Attends: _____ Hours/Day _____ Days/Week

AIDES/NURSES/INTERPRETERS DURING EDUCATION HOURS				
☐ **Aide**	Requested Start: _____ to Requested End: _____	Hours 1:1 Requested: _____ Hours / Day	Days 1:1 Requested: ___ Days / Week	Shared by multiple students: ☐ No ☐ Yes: ____ students
☐ **RN**	Requested Start: _____ to Requested End: _____	Hours 1:1 Requested: _____ Hours / Day	Days 1:1 Requested: ___ Days / Week	Shared by multiple students: ☐ No ☐ Yes: ____ students
☐ **LPN**	Requested Start: _____ to Requested End: _____	Hours 1:1 Requested: _____ Hours / Day	Days 1:1 Requested: ___ Days / Week	Shared by multiple students: ☐ No ☐ Yes: ____ students
☐ **Interpreter**	Requested Start: _____ to Requested End: _____	Hours 1:1 Requested: _____ Hours / Day	Days 1:1 Requested: ___ Days / Week	Shared by multiple students: ☐ No ☐ Yes: ____ students

AIDE WAGE INFO (FOR MAINTENANCE & OUT OF STATE EDUCATION)
Salary & Fringe Benefits (Per Hour): $_____

SCHOOL AGE MAINTENANCE PLACEMENT	
Maintenance Provider Name:	Maintenance Provider SED Code:
Program Name:	Program Code: -

MAINTENANCE AIDES OUTSIDE EDUCATION HOURS				
☐ **Aide**	Requested Start: _____ to Requested End: _____	Hours 1:1 Requested (Monday through Friday): _____ Hours / Day	Hours 1:1 Requested (Saturday & Sunday): _____ Hours / Day	Shared by multiple students: ☐ No ☐ Yes: ____ students

DISTRICT OF RESIDENCE/DISTRICT OF SERVICE ASSURANCE:

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

_____ _____
Signature: Superintendent of Schools Date

PERSON COMPLETING THIS FORM			
Name	Phone	Fax	Email