

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

Instructions: Submit a completed and signed form to 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; padding: 0 10px;"> School District Private Provider BOCES Special Act District Municipality </div>	
Agency 12-digit NYSED Code <div style="display: flex; justify-content: space-between; padding: 0 10px;"> </div>	
Contact Person for the Education Program	Name
	Title
	Telephone Email Address

APPROVAL INFORMATION	
Date of Most Recent School Age Approval Letter	Approved Staffing Ratio for 9010 Program _____ Teachers : _____ Students + _____ 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. (Authorizing Official must be one of the following:	
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> </div>	
Signature	Date
Print Name	Title