



Application Instructions for State Aid Reimbursement of Tuition Costs for Students in New York State Approved Out-of-State Residential Schools 2017-18 School Year

For an application seeking State reimbursement of tuition costs for a student in an approved out-of-State residential school, the committee on special education (CSE) must submit the following documentation to the New York State Education Department (NYSED) for review and approval with the criteria established for approval of State reimbursement pursuant to section 200.6(j) of the Regulations of the Commissioner of Education.

- CSE cover letter that describes the reasons for submitting the application and the steps the CSE took to ensure that the screening and referral process was completed. Include, as applicable, any reasons why the CSE did not refer a student to New York State (NYS) approved in-State residential programs that serve a similar population as the student.
- Application checklist.
- A proposed plan and timetable for enabling the student to return to a less restrictive environment or a statement of reasons why such a plan is currently not appropriate.
- Statement of Assurance.
 - Certification by the CSE that the student is of school age; has a disability or combination of disabilities; has a current individualized education program (IEP); and that the nature or severity of the student's disability is such that appropriate public facilities for instruction are not available.
 - For each student recommended for initial placement in residential care, certification that:
 - when a student was first determined at risk of residential placement, the school district sought parental consent (or consent of the student if age 18 or older) to invite county or State agency representatives to the CSE meeting to make recommendations concerning the appropriateness of residential placement and other programs and placement alternatives. For students in a foster care placement, the local social services district was notified when the student was determined to be at risk of residential placement.
 - upon receipt of parental (or student) consent, other agency representative(s) were invited to the CSE meeting (see http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DCERT.pdf).
- Documentation that no appropriate public or private facilities for instruction are available within NYS (8 NYCRR section 200.6(j)). The listing of approved in-State private schools appropriate to the student's disability can be obtained at <http://www.p12.nysed.gov/specialed/privateschools/home.html>. Include copies of all acceptance or rejection letters.
- Student profile.
- Signed System to Track and Account for Children (STAC)-1(s) (summer, if applicable, and school year; see http://www.oms.nysed.gov/stac/forms/stac-1_form_for_schoolage.pdf to access STAC-1 form).
- DCERT screen shot (Online STAC screen where school districts enter their private placement certifications).

Application Submission Information

The school district must submit an initial application and the STAC-1 to the Nondistrict Unit within six business days of the date the student enrolled in a particular NYS approved private residential school based on the recommendation of the CSE.

The school district can submit a reapplication and the STAC-1 to the Nondistrict Unit anytime following a student's CSE annual review meeting, but prior to **June 1st of the year preceding the school year for which placement is sought (i.e., June 1, 2017 for the 2017-18 school year).**

While electronic submissions are preferred, NYSED's email server cannot guarantee secure transmittal of email messages at this time. Please consult with your information technology staff, and if your email server allows for transmitting electronic messages securely via Transport Layer Security (TLS) protocols, you can submit applications electronically. If you cannot send an email securely via TLS, in order to protect student confidential information, you must mail or fax the application. Select one method for submission (email or mail or fax).

Email or mail or fax initial and reapplications for residential placements to:

Email: OOSAPP@nysed.gov

OR

New York State Education Department
Office of Special Education
Nondistrict Unit
1 Park Place, 3rd Floor
Peekskill, NY 10566

Attn: 2017-18 Out-of-State Residential Application

OR

Fax: (914) 402-2180

Note: School districts must complete and submit an application for State reimbursement of tuition costs consistent with these procedures and timelines. Failure to do so may result in a denial of State reimbursement of tuition costs. Regardless of the State's determination regarding approval of State aid reimbursement, the Board of Education of the sending school district is responsible for a timely placement of the student.



**New York State Approved Out-of-State Private Residential
Program Placement Application
2017-18 School Year**

Check One:

- Initial
- Reapplication

Check the boxes below to indicate that the application is complete and all required documentation is submitted at the time of submission.

- CSE Cover Letter
- Application Checklist
- Proposed plan and timetable for least restrictive environment (LRE)
- Statement of Assurance
- Listing of approved private schools considered, including copies of all acceptance and rejection letters (see required student referral chart)
- Student Profile
- Signed STAC-1(s)
- DCERT screen shot

OR

For students turning 21 during July or August 2017

- CSE Cover Letter
- Application Checklist
- Signed STAC-1 (summer 2017, if applicable)

OR

For students returning in-State:

- CSE Cover Letter
- Application Checklist

For NYSED Office Use Only
Date Received:
Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No

(Please Type or Print)

Student Name: _____ **DOB:** ____/____/____

Current Educational Placement: _____

CSE Recommended Residential Placement: _____

Start Date: ____/____/____

Date of CSE Meeting: ____/____/____ **Disability Classification:** _____

STAC # (Continuing Students Only): _____

School District: _____

CSE Chairperson: _____ **Email:** _____

Phone Number: () _____ **Fax #:** () _____

Eligibility Referral¹:

With consent of parent, has the CSE made a referral for eligibility to the:

Office for People With Developmental Disabilities (OPWDD)? Yes No N/A

Office of Mental Health (OMH)? Yes No N/A

If yes, Date of referral: _____

Is the student OPWDD eligible? Yes No N/A Unknown

If the CSE did not refer, did the parents provide consent to the CSE for referral to the State Agency?

Yes No N/A

Proposed Plan and Timetable for LRE

Instructions: Describe the school district's proposed plan and timetable for enabling the student to return to an LRE or a statement of reasons why such a plan is currently not appropriate. Provide description below or separately.

¹ OMH and OPWDD have specific eligibility criteria for supports and services. Before referring a student to OMH or OPWDD for an individual eligibility review, please review OMH and OPWDD guidance on eligibility and the referral process at www.omh.ny.gov/omhweb/childservice/community_support.html and www.opwdd.ny.gov/welcome-front-door/home

**Statement of Assurance
2017-18 Out of-State Residential Placement**

Student Name: _____

DOB: _____

I hereby certify the following:

1. For an initial application to a NYS approved out-of-State private residential school, the CSE has provided a current individual evaluation or reevaluation of the student. The individual evaluation and the classroom observation, where applicable, and any other evaluations necessary to describe the relevant circumstances leading up to the recommendation and the basis for the recommendation for change of placement have been completed within six months prior to the CSE's initial recommendation for a private school placement.
2. The CSE has a current IEP for the student.
3. The CSE has certified that the student is of school age and has a disability or combination of disabilities, and has further documented that the nature or severity of the student's disability is such that appropriate public facilities for instruction are not available. The documentation reviewed by the CSE, establishing the nature and severity of the disability and warranting placement of the student in an approved private school, is maintained in the student's education records and is available for review by NYSED.
4. The following documentation submitted with this application is true and accurate.
 - a. Documentation of efforts to place the student in a public facility and the outcomes of those efforts, and/or of CSE findings regarding the lack of suitability of each currently available and geographically accessible public placement;
 - b. Documentation of all efforts to enable the student to benefit from instruction in less restrictive settings using support services and supplementary aids and special education services as set forth in subdivisions (d), (e), (f) and (h) of section 200.6 of the Regulations of the Commissioner of Education, and/or for those services not used, a statement of reasons why such services were not recommended;
 - c. Detailed evidence of the student's lack of progress in previous less restrictive programs and placements of a statement of reasons that such evidence is not available;
 - d. Documentation that residential services are necessary to meet the student's educational needs as identified in the student's IEP, including a proposed plan and timetable for enabling the student to return to a less restrictive environment or a statement of reasons why such a plan is not currently appropriate;
 - e. For initial placements, documentation that, upon determination that the student was first at risk of residential placement, the school district sought parental (or student if age 18 or older) consent to invite county or State agency representatives to a CSE meeting to make recommendations concerning the appropriateness of residential placement and other programs and placement determinations;
 - f. In the case of a recommendation by the CSE for placement of a student in an educational facility outside of the State, documentation that there are no appropriate public or private facilities for instruction available within this State; and
 - g. In the case of a reapplication for State reimbursement of tuition costs, documentation of the continuing need for placement of the student in a private school.

Signature of School District Official

Date

Student Name: _____

DOB: _____

Student Referral Chart

The information required in this section must be completed by the CSE and submitted with the 2017-18 out-of-State residential initial or reapplication.

- A. List **all NYSED approved in-State private schools to which the CSE referred a student and the results of those referrals**. Attach the letters from the private schools that confirm acceptance or rejection of the student. Rejection letters should state the reason for rejection based on the individual educational needs of the student. For reapplications, letters within six months of the date of receipt of application are acceptable. Duplicate this page as needed.

Name of School to which Referral Packet was Sent	Date of CSE Meeting	Date Referred to School	Date of Screening/ Interview	Date of Response from School	Response (check one)		Date of Acceptance/ Rejection	Reason(s) for Rejection, if applicable ²

- B. If the CSE has determined that the private school(s) that accepted the student is unable to meet the student's IEP needs, the CSE must provide a statement justifying its actions. Such rejections must be based on sound educational reasons consistent with the IEP. This information becomes part of the official CSE record. _____

² While the CSE must consider the concerns of the parents in the placement process, the school district must take responsibility to secure an appropriate placement for the student in the least restrictive environment even in the instance where a parent does not cooperate with the referral and placement process. In such cases, the cover letter submitted with the application must document the CSE's efforts in the referral process. The school district must take other steps to ensure the referral process is completed, which may include arranging for the in-State school to evaluate the student at his/her current placement and/or notifying the parent that the school district will arrange the student's transportation to the in-State school for evaluation.

STUDENT PROFILE 2017-18 School Year

A	Name of Student	Last Name	First	Middle
Date of Birth		Month Day Year ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of CSE Recommendation for Residential Placement			Month Day Year ____/____/____	
Care and Custody of: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Department of Social Services Specify County: _____		Last Name	First	Home Telephone Number ()
Address			Work Telephone Number ()	
Street				
City		County	State	Zip
School District				
District Contact		Last Name	First	Email Address
Title				Telephone Number ()
Address			Fax Number ()	
Street				
City		County	State	Zip
B	CSE Signature			
_____ Signature, CSE Chairperson				
_____ Date				

C		(Please check the appropriate box below to indicate type of <u>current</u> educational program)	
<input type="checkbox"/> Public School in District	<input type="checkbox"/> State-operated School	<input type="checkbox"/> Public School Not in District	<input type="checkbox"/> State-supported School
<input type="checkbox"/> BOCES Center-based Program	<input type="checkbox"/> Special Act School District	<input type="checkbox"/> BOCES Program in local educational agency	<input type="checkbox"/> Approved In-State Private School <input type="checkbox"/> Day <input type="checkbox"/> Residential
<input type="checkbox"/> Home Instruction	<input type="checkbox"/> Approved Out-of-State Private School	<input type="checkbox"/> Hospital Instruction	<input type="checkbox"/> Other State Agency Program
D		CSE Classification: (Please check ONE box to indicate the primary disability classification made by the CSE)	
<input type="checkbox"/> Autism	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Speech or Language Impairment	
<input type="checkbox"/> Deafness	<input type="checkbox"/> Multiple Disabilities* (see below)	<input type="checkbox"/> Traumatic Brain Injury	
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Visual Impairment, including blindness	
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Other Health Impairment <i>Description:</i>		
<input type="checkbox"/> Hearing Impairment	—		
<input type="checkbox"/> Intellectual Disability	—		
	—		
	—		
*If student is classified with multiple disabilities , identify the two or more concomitant impairments			
<input type="checkbox"/> Autism	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Traumatic Brain Injury	
<input type="checkbox"/> Deafness	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Visual Impairment, including blindness	
<input type="checkbox"/> Deaf-Blindness (when combined with another disability)	<input type="checkbox"/> Other Health Impairment <i>Description:</i>		
<input type="checkbox"/> Emotional Disturbance	—		
<input type="checkbox"/> Hearing Impairment	—		

E	Student Functioning Level: Results of Latest Test of Intelligence (Check the box that most closely indicates the results)		
Intellectual Ability	Adaptive Functioning	Language Functioning	
<input type="checkbox"/> Average to above average intelligence <input type="checkbox"/> Below average intelligence <input type="checkbox"/> Mild intellectual disability <input type="checkbox"/> Moderate intellectual disability <input type="checkbox"/> Severe or profound intellectual disability	<input type="checkbox"/> Independent; within normal limits <input type="checkbox"/> Capable of looking after own everyday needs <input type="checkbox"/> Needs assistance with personal grooming and independent living skills <input type="checkbox"/> Highly dependent upon support from others to complete basic living skills	<input type="checkbox"/> Receptive and expressive language skills within normal limits <input type="checkbox"/> Mild disabilities in understanding and communicating <input type="checkbox"/> Significant disabilities in understanding and/or communicating <input type="checkbox"/> Nonverbal	
<p>Special Considerations:</p> <p>Does this student require a sign language interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this student require instruction in Braille and the use of Braille? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student require bilingual special education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Physical Functioning:</p> <p>Vision: <input type="checkbox"/> Vision normal (includes vision corrected to normal) <input type="checkbox"/> Visually impaired <input type="checkbox"/> Legally blind, has travel vision <input type="checkbox"/> No functional vision</p> <p><input type="checkbox"/> Needs services of Teacher of Visually Impaired <input type="checkbox"/> Needs services of Teacher of Orientation and Mobility</p> <p>Hearing: <input type="checkbox"/> Hearing normal (including hearing corrected to normal) <input type="checkbox"/> Hearing impaired <input type="checkbox"/> No functional hearing</p> <p><input type="checkbox"/> Needs services of Teacher of the Hearing Impaired</p>			
<p>Mobility: <input type="checkbox"/> Walks independently <input type="checkbox"/> Walks with supportive devices <input type="checkbox"/> Walks unaided with difficulty <input type="checkbox"/> Wheelchair – needs assistance <input type="checkbox"/> Wheelchair – operated by self <input type="checkbox"/> No mobility</p>			

Medical Diagnosis: (Indicate any medical problems which may impact on the education of the child)

- | | | |
|---|--|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Psychiatric Disorder | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Oppositional Defiant Disorder | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Anxiety Disorder | |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Mood Disorder | |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Psychotic Disorder | |
| <input type="checkbox"/> Medically Fragile | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Neurological Impairment | | |
| <input type="checkbox"/> Prader-Willi | | |

Medical Needs:

Does this child have medical needs beyond the administration of medications which require daily individualized attention from health care staff? Yes No

Does this child require 24-hour nursing care? Yes No

Please specify any medical alerts: _____

Behaviors Exhibited: (Indicate any behavior problems which may impact on the education of the child)

- | | |
|--|--|
| <input type="checkbox"/> Aggressive to others | <input type="checkbox"/> Easily victimized |
| <input type="checkbox"/> Self-abuse | <input type="checkbox"/> Emotionally fragile |
| <input type="checkbox"/> Property destruction | <input type="checkbox"/> School phobia |
| <input type="checkbox"/> Sexually inappropriate | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> History of fire setting | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Incidental | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chronic | |

Behavior Frequency:

- Has no behavior disorder that requires individualized programming
- Has monthly maladaptive behaviors that require individualized programming
- Has weekly maladaptive behaviors that require individualized programming
- Has daily maladaptive behaviors that require individualized programming

F

Related Services Recommended:

- | | |
|--|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Psychological Services |
| <input type="checkbox"/> Assistive Technology Services | <input type="checkbox"/> Parent Counseling and Training |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Rehabilitation Counseling |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> School Health Services |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Speech Pathology | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical Services (evaluation) | |