**Application Instructions for State Aid Reimbursement of Tuition Costs**

**for Students in New York State Approved**

**Out-of-State Residential Schools**

**2016-17 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 against 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

• 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 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 New York State (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 STAC-1(s) (summer, if applicable, and school year; see [http://www.oms.nysed.gov/  
stac/forms/stac-1\_form\_for\_schoolage.pdf](http://www.oms.nysed.gov/stac/forms/stac-1_form_for_schoolage.pdf) to access STAC-1 form)

* DCERT screen shot

**Application Submission Information**

The district must submit initial applications 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 district can submit reapplications and the STAC-1 to the Nondistrict Unit anytime following a student's annual review, but prior to **June 1 of the year preceding the school year for which placement is sought (i.e., June 1, 2016 for the 2016-17 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**](mailto:OOSAPP@mail.nysed.gov)

**OR**

**New York State Education Department**

**Office of Special Education**

**Nondistrict Unit**

**1 Park Place, 3rd Floor**

**Peekskill, NY 10566**

**Attn: 2016-17 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. Failure to submit a timely application will result in State reimbursement as of the date the application for reimbursement is received by NYSED. 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**

**2016-17 School Year**

|  |
| --- |
| **For NYSED Office Use Only** |
| Date Received:  Application Complete:  Yes  No |

|  |
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| **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 2016** | | **For students returning in-State:** |
| CSE Cover Letter | **OR** | CSE Cover Letter |
| Application Checklist | Application Checklist |
| Signed STAC-1 (summer 2016, if applicable) | | |

**(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 Referral[[1]](#footnote-1):**

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

Is the student OPWDD eligible?  Yes  No  N/A

|  |
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| **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. |

**Statement of Assurance**

**2016-17 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 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.

1. 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 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 2016-17 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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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]](#footnote-2)** |
| **Accepted** | **Rejected** |
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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.

**STUDENT PROFILE**

**2016-17 School Year**

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| **A** | **Name of Student** | | | | Last Name | | | | | | | | First | | | | | Middle |
| **Date of Birth** | | | Month  / | | Day  / | Year | **Gender** | | Male  Female | | | | | | | | | |
| **Date of CSE Recommendation for Residential Placement** | | | | | | | | | | | | Month  / | | | Day  / | | Year | |
| **Care and Custody of:**  **Parent**  **Legal Guardian**  **Department of Social Services**  **Specify County:** | | Last Name | | | | | First | | | | | | | | | Home Telephone Number  ( ) | | |
| **Address** | | | | | Street | | | | | | | | | | | Work Telephone Number  ( ) | | |
| City | | | | | County | | | | | State | | | | | | Zip | | |
| **School District** | | | | | | | | | | | | | | | | | | |
| **District Contact** | | Last Name | | | | | First | | | | | | | Email Address | | | | |
| **Title** | | | | | | | | | | | | | | Telephone Number  ( ) | | | | |
| **Address** | | | | Street | | | | | | | | | | Fax Number  ( ) | | | | |
| City | | | | County | | | | | | | State | | | | | Zip | | |
| **B** | **Request for Out-Of-State Placement:** | | | | | | | | | | | | | | | | | |
|  | Initial Placement  Change in Residential Placement | | | | | | | Reapplication  Change in CSE Responsible District | | | | | | | | | | |
| Signature, CSE Chairperson    Date | | | | | | | | | | | | | | | | | | |

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

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| **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** |
| Average to above average intelligence | | | | Independent; within normal limits | | Receptive and expressive language skills within normal limits |
| Mild intellectual disability | | | | Capable of looking after own everyday needs | | Mild disabilities in understanding and communicating |
| Moderate intellectual disability | | | | Needs assistance with personal grooming and independent living skills | | Significant disabilities in understanding and/or communicating |
| Severe or profound intellectual disability | | | | Highly dependent on support from others to complete basic living skills | | Nonverbal |
|  | **Special Considerations:**  Does this student require a sign language interpreter?  Yes  No  Does this student require instruction in Braille and the use of Braille?  Yes  No  Does the student require bilingual special education?  Yes  No | | | | | |
|  | **Physical Functioning:** | | | | | |
|  | **Vision:** | | Vision normal (includes vision corrected to normal)  Visually impaired  Legally blind, has travel vision  No functional vision | | | |
|  | Needs services of Teacher of Visually Impaired  Needs services of Teacher of Orientation and Mobility | | | | | |
|  | **Hearing:** | Hearing normal (including hearing corrected to normal)  Hearing impaired  No functional hearing | | | | |
|  | Needs services of Teacher of the Hearing Impaired | | | | | |
|  | **Mobility:** | Walks independently  Walks unaided with difficulty  Wheelchair – operated by self | | | Walks with supportive devices  Wheelchair – needs assistance  No mobility | |

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|  | **Medical Diagnosis:** (Indicate any medical problems which may impact on the education of the child) | | | | |
|  | Attention Deficit Disorder  Cerebral Palsy  Eating Disorder  Seizure Disorder  Traumatic Brain Injury  Medically Fragile  Neurological Impairment  Prader-Willi | Psychiatric Disorder  Oppositional Defiant Disorder  Anxiety Disorder  Mood Disorder  Psychotic Disorder  Other | | | Tourette Syndrome  Other (please specify) |
|  | **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) | | | | |
|  | Aggressive to others  Self-abuse  Property destruction  Sexually inappropriate  History of fire setting  Incidental  Chronic | | Easily victimized  Emotionally fragile  School phobia  Withdrawn  Substance abuse  Other: | | |
|  | 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:** | | | | |
|  | Audiology  Assistive Technology Services  Counseling Services  Occupational Therapy  Physical Therapy  Speech Pathology  Medical Services (evaluation) | | | Psychological Services  Parent Counseling and Training  Rehabilitation Counseling  School Health Services  School Social Work  Other: | |

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**](http://www.omh.ny.gov/omhweb/childservice/community_support.html) **and** [**www.opwdd.ny.gov/welcome-front-door/home**](http://www.opwdd.ny.gov/welcome-front-door/home) [↑](#footnote-ref-1)
2. While the CSE must consider the concerns of the parents in the placement process, the 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 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 district will arrange the student’s transportation to the in-State school for evaluation. [↑](#footnote-ref-2)