THE UNIVERSITY OF THE STATE OF NEW YORK

THE STATE EDUCATION DEPARTMENT

# Request for State Aid Intercept

## Name of Charter School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEDS Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NYS Vendor ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Submitting Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Person Submitting Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Submitting Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Submission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School District in Arrears\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this intercept a year end reconciliation? \_\_ Yes \_\_ No If yes, what school year?\_\_\_\_

Time period for which you are requesting an intercept: \_\_ Jul/Aug \_\_ Sep/Oct

\_\_ Nov/Dec \_\_ Jan/Feb \_\_ Mar/Apr \_\_ May/Jun School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regular Tuition**

For how many students are you requesting regular tuition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the total FTE count that you are claiming for regular tuition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Education**

For how many students are you requesting special education reimbursement? \_\_\_

What is the total FTE count that you are claiming for special education? \_\_\_\_\_\_\_\_\_\_

**IDEA or Related Services**

For how many students are you requesting IDEA or related services reimbursement? \_\_

What is the total FTE count that you are claiming for IDEA or related services? \_\_\_\_

FOR DEPARTMENT USE ONLY

Date Received by Charter School Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received by State Aid Payment Office: \_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_

***Instructions:***

Do not make a claim for a State Aid intercept unless the school district in question is more than 30 days in arrears. If the school district of residence for claimed students is in arrears, please provide all information requested below. State Aid intercept requests will not be processed until all required information has been submitted. Please be sure the information is legible.

All forms referenced below are available at <http://www.p12.nysed.gov/psc/form.html>.

***Required Information:***

* The Request for State Aid Cover Sheet (page 1 of this document). All fields must be completed.
* A State Aid Intercept worksheet. Complete one for *each district* against which you are making a claim. If the claim is for different school years, please submit a separate cover sheet and worksheet for each school year.
* Using the State Aid FTE calculator form, o*ne* sheet verifying that the begin and end dates of the charter school’s school year constitute 1.000 FTE.

Using the same FTE calculator form, one sheet for each student having an FTE of less than 1.000 (i.e., the student is attending for less than the full school year). Each sheet must be marked with the student’s name.

Total the FTE count for all students and verify that the total matches the student FTE enrollment on the State Aid Intercept worksheet.

* A State Aid Intercept Student Information Form. For all students being claimed, provide the following information:
	+ Student name and ID
	+ Date of birth
	+ Home address
	+ Name of parent or guardian
	+ Date of entry during the school year of intercept
	+ Date of exit, if applicable
	+ Level of special education services, if applicable
* Copies of all documents submitted to the district to seek payment (invoices, cover letters, rosters, etc.) from the beginning of the school year up to and including the intercept period(s) being requested. If available, submit documentation of the district’s refusal to pay.
* If claiming special education costs, the following information for each student:
	+ Level of service (e.g., consultant teacher only, < 20%, 20%, 60%)
	+ Placement (e.g., inclusion, resource room)
	+ These students should be listed on a separate sheet that includes student FTE.
* If claiming special education costs, a Calculation of Public Excess Cost Aid Attributable to Parentally-Placed Nonresident and Charter School Students form for the appropriate school year.
* Please submit the intercept electronically to charterschools@mail.nysed.gov with the word *Intercept* in the subject line.
* If payment is received after filing the intercept with NYSED, please notify NYSED in writingeither by e-mail or mail.