

Nassau County Department of Health

DUE PROCESS DOCUMENATATION

For

CPSE Chairs
And
CPSE Support Staff

Updated January 2015

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Nassau County Department of Health Preschool Special Education Program Due Process Notification

Date:	
School District:	
Name of who we can contact at the School District regarding this case:	
Telephone number for contact person:	-
Student Name:	_
Attorney representing School District:	_
Attorney representing Child:	
Date for Mediation:	
Date for Impartial:	

After completing the information requested above:

- 1. Place call to the Nassau County Department of Health Preschool Special Education Program @ (516) 227-8674 or (516) 227-8673 to notify them that you are faxing this document and any other pertinent information.
- 2. Fax this form and any documents to (516) 227-8666.
- 3. If you have any questions about this process or this case please call Shannon Jauck @ (516) 227-8674 or Annemarie Bianco @ (516) 227-8673.

Preschool Due Process Cost Reimbursement Claim Procedures

Once the due process proceeding is concluded and the determination is final:

- 1. The School District will:
 - a. Compile the Following:
 - 1.Preschool Due Process Reimbursement Request form.
 - 2. Copies of all invoices/bills for which reimbursement is requested and cancelled checks which paid these bills (fronts and backs of checks).
 - 3. Copy of Impartial Hearing Officers Findings of Fact and Decision Report.
 - 4. Verification form indicating the hourly rate at which the district has retained its Attorney (if reimbursement for school district Attorney is requested).
 - 5. Affirmation form (if the parent has prevailed in this proceeding and reimbursement of the parents' Attorney's fees is requested).
 - 6.STAC-1 or STAC-3 amendment form (original to STAC Unit, copy to PRDU)
 - b. Submit complete packages of the above information to:

Mr. James DeMeo STAC and Special Aids Unit Room 514 EB Albany, NY 11234 Ms. April Wojtkiewicz Chief Rate Setting Unit Room 304 EB Albany, NY 11234

- 2. SED will review the costs submitted. SED will recommend reimbursement of reasonable costs, subject to approval by the Division of Budget.
- 3. Once certified, SED will send a rate letter to the school district (cc to the County). This rate will be put on the STAC system as a child specific rate under the school district name. This rate letter gives the school district authority to bill the County for the approved costs.
- 4. Copy of the child specific tuition rate letter and the child specific STAC 1 (under the school district name) should be submitted by the school district to the County. The County will review and approve the STAC 1 and submit to the STAC Unit for processing. (The County will mail the original STAC 1, signed by the County, and a copy of tuition letter to M. McCarthy). SED will assign the code 9114.
- 5. The STAC Unit will issue a STAC 3 approval, which is notification to the school district and County that the rate is approved. This is also the County's authorization to seek reimbursement from the State. The State will reimburse the County for the approved costs in the same manner as it provides reimbursement for approved costs related to programs and services under Section 4410 of the Education Law.

Verification of School District Attorney Fees

The	law firm has been retained by the
	school board at an hourly rate of
(or under the terms and condi	tions indicated in he attached agreement).
	Superintendent of Schools

School District Attorney Affirmation

(Must be completed only if parents prevailed)

I,	, attorney for the		
		School District, affirm that the due	
Process proce	eding held on behalf of _	is final.	
The parent wa	as the prevailing party in	this matter. I further affirm that I have	
Reviewed the	bill submitted by	regarding his/her	
Representatio	n of the above named stu	dent, and upon my review, I have	
determined th	at:		
1.	The hourly rate charged	reflects the community rate which is	
	per l	nour.	
2.	The number of hours cla	aimed by the attorney	
	constitutes a reasonable	fee for the legal services rendered.	
		Signature	

Preschool Due Process Costs Reimbursement Request Form

School District Name	Student In	Student Initials	
School District Code	date(s) of	Impartial Hearing	
School Year	Prevailing	g Party	
Detail of Costs:			
Hearing Officer	cost \$	# hours	
Court Stenographer	cost \$	# pages	
Evaluations Performed (as related to due process proceeding)	cost \$	type of eval	
School District Attorney Fees	cost \$	# hours	
Parent Attorney Fees (only if parent prevailed)	cost \$	_ # hours	
Other (provide detail)	cost \$	-	
Preschool Due Process			
Reimbursement Requested	Total \$	<u></u>	