



BOCES Southern Westchester

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

CENTER FOR SPECIAL SERVICES • 1606 Old Orchard Street, White Plains, New York 10604 • (914) 948-7271 • Fax: (914) 948-7598

Related Services Authorization Form

BOCES and Non-BOCES Students 2024 • 2025

Authorized By: _____ School District: _____

E-Mail: _____ Telephone #: _____ Fax #: _____

Student Name: _____ Grade: _____ Age: _____ ☐ Male **DOB:** _____
STAC ID: _____ ☐ Female ☐ Non-Binary

Homebound Student? ☐ Yes ☐ No
If Yes, provide Parent/Guardian Information. If No, leave blank and provide school contact person.

Parent/Guardian Name: _____ E-Mail: _____

Home Address: _____ Telephone: _____

School Contact Person: _____ Telephone: _____

School Name: _____ Email: _____

School Address: _____

PLEASE SUBMIT RELEVANT IEP INFORMATION

RELATED SERVICES REQUESTED (fill in all areas for each service requested)

Select Type of Service	Start Date	End Date	Ratio	Frequency & Period	Duration
Select Type of Service	Start Date	End Date	Ratio	Frequency & Period	Duration
Select Type of Service	Start Date	End Date	Ratio	Frequency & Period	Duration
Select Type of Service	Start Date	End Date	Ratio	Frequency & Period	Duration
Select Type of Service	Start Date	End Date	Ratio	Frequency & Period	Duration

Indicate any special directions such as:

- Remote Services Required
- Sign Language Interpretation: must indicate date, time, address, duration and purpose
- Language Translation: must indicate language, date, time & duration (via phone only; not face-to-face service)
- Other pertinent information

Please submit authorization to: Southern Westchester BOCES
1606 Old Orchard Street
White Plains, NY 10604
c/o Nadine Schwartz

Phone: 914-948-7271, Ext. 1224
E-mail: nschwartz@swboces.org
Fax: 914-428-3306