

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 2023 • 2024

| Authorized By:                            |  |                   | School Dist      | rict:        |                                    |         |            |
|---|--|-------------------|------------------|--------------|------------------------------------|---------|------------|
| E-Mail:                                   |  |                   | Telephone #:     |              | Fax #:                             |         |            |
|   |  |                   | Grade:           | Age:         | □ Male<br>□ Female<br>□ Non-Binary | DOB:    |            |
| Homebound Student?                        | □ Yes □ No<br>If Yes, provide Parent/G | uardian inform    | ation. If No, le | ave blank an | d provide schoo                    | l conta | ct person. |
| Parent/Guardian Name:                     |  |                   |                  | E-Mail:      |                                    |         |            |
| Home Address:                             |  |                   |                  | Telephone:   |                                    |         |            |
| School Contact Person:                    |  |                   |                  | Telephone:   |                                    |         |            |
| School Name:                              |  |                   |                  | Email:       |                                    |         |            |
| School Address:                           |  |                   |                  |              |                                    |         |            |
|   |  | LEASE SUBMIT RELE |                  |              |                                    |         |            |
| RELATED SERVICES I Select Type of Service |  | Start Date        | End Date         | Ratio        | Frequency & Pe                     | riod    | Duration   |
|   |  |                   |                  |              |                                    |         |            |
| Select Type of Service                    |  | Start Date        | End Date         | Ratio        | Frequency & Per                    | riod    | Duration   |
|   |  |                   |                  |              |                                    |         |            |
| Select Type of Service                    |  | Start Date        | End Date         | Ratio        | Frequency & Per                    | riod    | Duration   |
|   |  |                   |                  |              |                                    |         |            |
| Select Type of Service                    |  | Start Date        | End Date         | Ratio        | Frequency & Per                    | riod    | Duration   |
| Select Type of Service                    |  | Start Date        | End Date         | Ratio        | Frequency & Pe                     | riod    | 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