

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SCHOOL DISTRICT NOTIFICATION OF FINANCIAL RESPONSIBILITY
FOR EDUCATIONALLY HANDICAPPED FOSTER CHILD
PLACED IN A CHILD CARE INSTITUTION**

①	TO: <i>(School District of Origin)</i>	③ <input type="checkbox"/> New LDSS-3424 ④ <input type="checkbox"/> Correction(s) To a Previous LDSS-3424
②	FROM: <i>(County Department of Social Services)</i> Pursuant to the provisions of Section 4006 of the Education Law, I am notifying you of your financial responsibility for the placement of the below named child in a child care institution or residential treatment facility.	⑤ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center; font-size: small;">WMS/CCRS CLIENT ID</div> ⑥ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center; font-size: small;">Child ID (For Office Use Only)</div>

⑦	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">CHILD'S LAST NAME</div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">FIRST</div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">MI</div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">DATE OF BIRTH (MONTH/DAY/YEAR)</div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">SEX <input type="checkbox"/> M <input type="checkbox"/> F </div>
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⑧ **LEGISLATIVE AUTHORIZATION:**

<input type="checkbox"/> CHAPTER 563 – CHILDCARE INSTITUTIONS	⑨ CHILD'S RACIAL/ETHNIC CATEGORY <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> (See reverse side for codes)
<input type="checkbox"/> CHAPTER 947 – RESIDENTIAL TREATMENT FACILITIES (RTF)	⑩ CHILD'S PRIMARY HANDICAPPING CONDITION <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> (See reverse side for codes)

⑪ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
PUBLIC SCHOOL DISTRICT CERTIFYING HANDICAPPED CONDITION	For Office use only

⑫ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
CERTIFICATION DATE (Month/Day/Year)

⑬ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">DATE OF ADMISSION TO CARE (Date of Entry or Re-entry to Foster Care)</div>	⑭ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">DATE OF TERMINATION OF CARE (If Known)</div>
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⑮ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
PUBLIC SCHOOL DISTRICT AT TIME OF ADMISSION TO CARE (At time of Entry or Re-entry to Foster Care)	For Office use only

⑯ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">LEGISLATIVE AUTHORIZATION EFFECTIVE DATE (MONTH/DAY/YEAR) (Date Placed in Institution or RTF)</div>	⑰ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">LEGISLATIVE AUTHORIZATION TERMINATION DATE (MONTH/DAY/YEAR) (If Known)</div>
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⑱ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
NAME OF FACILITY IN WHICH CHILD RESIDES

⑲ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
DSS DISTRICT OR OTHER CARE AGENCY AT ADMISSION TO CARE	For Office use only

I CERTIFY THAT THIS CHILD HAS BEEN PLACED IN ACCORDANCE WITH THE LEGISLATIVE AUTHORIZATION INDICATED ABOVE:

⑳ SIGNATURE OF PERSON COMPLETEING THIS FORM:	TITLE:	DATE:
NAME OF AGENCY:		TELEPHONE NUMBER (AREA CODE):

INSTRUCTIONS FOR COMPLETING THE LDSS-3424 FORM

- (1) **School District of Origin** – The name and location of school district where child resided at time of entrance to foster care.
- (2) **County Department of Social Services** – The name and address of local social services district responsible for the child.
- (3) **New LDSS-3424** – Check box if this is the initial form for this child.
- (4) **Correction(s) to a Previous LDSS-3424** – check box if this form corrects a previous notification for this child (e.g. incorrect dates or other data).
- (5) **WMS/CCRS Client ID** – The number assigned the child by the WMS/CCRS system.
- (6) **Child ID** – (Office Use Only)
- (7) **Child's Name, Date of Birth and Sex** – The child's complete name, date of birth and sex.
- (8) **Legislative Authorization** – (Check appropriate box) For a foster child placed in a child care institution or residential treatment facility.
- (9) **Child's Racial/Ethnic Category** – Put the code which identifies, to the best of your knowledge, the racial/ethnic category (definitions below) the child most identifies with:

1	American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
2	Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
3	Black – A person having origins in any of the black racial groups of Africa.
4	Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
5	White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- (10) **Child's Primary Handicapping Condition** – Put the code for the condition (specified below) of the child as classified by the Committee on Special Education:

01	Autistic	07	Speech Impaired
02	Emotionally Disturbed	08	Visually Impaired
03	Learning Disabled	09	Orthopedically Impaired
04	Mentally Retarded	10	Other Health Impaired
05	Deaf	11	Multiple Handicapped
06	Hard of Hearing		
- (11) **Public School District Certifying Handicapped Condition** – The local public school district where the Committee on Special Education classified the child (coding boxes are for Office Use Only).
- (12) **Certification Date** – The date of the child's handicapped classification.
- (13) **Date of Admission to Care** – The date the child most recently entered or re-entered foster care.
- (14) **Date of Termination of Care** – The date of discharge or case closing if applicable.
- (15) **Public School District at time of Admission to Care** – The name of the school district where child resided at time of most recent entry or re-entry to foster care (coding boxes are for Office Use Only).
- (16) **Legislative Authorization Effective Date** – The date of placement for the child in this facility.
- (17) **Legislative Authorization Termination Date** – The date of discharge from facility or case closing if applicable.
- (18) **Name of Facility in which Child Resides** – The name of the child care institution or RTF where the child is placed.
- (19) **DSS District or Other Care Agency at Admission to Care** – The name of the social services district (coding boxes are for Office Use Only) or other agency responsible for the child.
- (20) **Signature of Person completing this form** – Self-explanatory.

Send One Copy of the Completed Form to the following:

**NYS OCFS, Local DSS, (Fiscal Office, Case File),
Facility/Other Agency Where Child Is Placed**