

**Contact Information  
For Group Home Students  
(NEW OR CHANGES)**

**Student Name:** \_\_\_\_\_

Group Home: \_\_\_\_\_

Contact Person/Case Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agencies:

DSS Worker's Name: \_\_\_\_\_

Area Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person who has educational decision-making:

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Town/City Fiscally Responsible** (if jointly, please supply information for both):

Contact Person of Town/City: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is the Student on an IEP: Yes \_\_\_\_\_ No \_\_\_\_\_

All pertinent Records received: Yes \_\_\_\_\_ No \_\_\_\_\_

LEA Assignment Needed: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

---

---

**For Office Use Only:**

Invoiced \_\_\_\_\_ Invoice # \_\_\_\_\_ (added to spreadsheet) \_\_\_\_\_

Student has moved from group home (end date) \_\_\_\_\_

Final Invoice sent: \_\_\_\_\_ Date: \_\_\_\_\_ Spreadsheet Updated \_\_\_\_\_

What Program is the Student entering: \_\_\_\_\_ Program Costs \_\_\_\_\_

Start Date: \_\_\_\_\_

What services is Student receiving: \_\_\_\_\_ Costs Related \_\_\_\_\_

Transportation: \_\_\_\_ Yes \_\_\_\_ No What are the Annual (or prorated) Costs \_\_\_\_\_