

**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 _____