

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

① **TO:**  
  
*(School district of origin)*

② **FROM:**  
  
*(Local department of social services)*

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.

③  New LDSS-3424

④  Correction(s) to a previous LDSS-3424

⑤ \_\_\_\_\_  
WMS/CCRS CLIENT ID

⑥ \_\_\_\_\_  
Child ID (For office use only)

⑦ \_\_\_\_\_ CHILD'S LAST NAME

\_\_\_\_\_ FIRST

\_\_\_\_\_ MI

\_\_\_\_\_ DATE OF BIRTH (mm/dd/yy)

M  
 F  
 X SEX

⑧ **LEGISLATIVE AUTHORIZATION:**

CHAPTER 563 – CHILDCARE INSTITUTIONS

CHAPTER 947 – RESIDENTIAL TREATMENT FACILITIES (RTF)

⑨ CHILD'S RACIAL/ETHNIC CATEGORY \_\_\_\_\_ (See reverse side for codes)

⑩ CHILD'S PRIMARY HANDICAPPING CONDITION \_\_\_\_\_ (See reverse side for codes)

⑪ \_\_\_\_\_ PUBLIC SCHOOL DISTRICT CERTIFYING DISABLING CONDITION

\_\_\_\_\_ For Office use only

⑫ \_\_\_\_\_ CERTIFICATION DATE (mm/dd/yyyy)

⑬ \_\_\_\_\_ DATE OF ADMISSION TO CARE  
*(Date of entry or re-entry to foster care, mm/dd/yyyy)*

⑭ \_\_\_\_\_ DATE OF TERMINATION OF CARE  
*(If known, mm/dd/yyyy)*

⑮ \_\_\_\_\_ PUBLIC SCHOOL DISTRICT AT TIME OF ADMISSION TO CARE *(At time of Entry or Re-entry to Foster Care)*

\_\_\_\_\_ For office use only

⑯ \_\_\_\_\_ LEGISLATIVE AUTHORIZATION EFFECTIVE DATE (MONTH/DAY/YEAR)  
*(Date placed in institution or RTF, mm/dd/yyyy)*

⑰ \_\_\_\_\_ LEGISLATIVE AUTHORIZATION TERMINATION DATE (mm/dd/yyyy)  
*(If known)*

⑱ \_\_\_\_\_ NAME OF FACILITY IN WHICH CHILD RESIDES

⑲ \_\_\_\_\_ LDSS 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) **Local department of social services** – The name and address of the local department of social services (LDSS) that is 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 child in foster care 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 Alaska Native** - Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.
  - 2 Asian** - Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.
  - 3 Black or African American** - Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.
  - 4 Hispanic or Latino** - Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.
  - 5 Middle Eastern or North African** - Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.
  - 6 Native Hawaiian or Pacific Islander** - Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.
  - 7 White** - Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.
- (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:
 

<input type="checkbox"/> <b>01 Autism Spectrum Disorder</b>	<input type="checkbox"/> <b>07 Speech Impaired</b>
<input type="checkbox"/> <b>02 Emotionally Disturbed</b>	<input type="checkbox"/> <b>08 Visually Impaired</b>
<input type="checkbox"/> <b>03 Learning Disabled</b>	<input type="checkbox"/> <b>09 Orthopedically Impaired</b>
<input type="checkbox"/> <b>04 Intellectual Disability</b>	<input type="checkbox"/> <b>10 Other Health Impaired</b>
<input type="checkbox"/> <b>05 Deaf</b>	<input type="checkbox"/> <b>11 Multiple Handicapped</b>
<input type="checkbox"/> <b>06 Hard of Hearing</b>	
- (11) **Public school district certifying disability condition** – The local public-school district where the Committee on Special Education (CSE) 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) **LDSS district or other care agency at admission to care** – The name of the local department of social services or other agency that is responsible for the child (*coding boxes are for office use only*).
- (20) **Signature of person completing this form** – self-explanatory

**Send one copy of the completed form to:**

[ocfs.sm.BBM.LDSS3424@ocfs.ny.gov](mailto:ocfs.sm.BBM.LDSS3424@ocfs.ny.gov)

or

New York State  
Office of Children and Family Services  
Attn: Bureau of Budget Management  
52 Washington Street, Rm. 314 South  
Rensselaer, NY 12144

**One copy to:** Local DSS (*Fiscal office, Case file*); **One copy to:** Facility/other agency where child is placed