

ULSTER COUNTY PRESCHOOL SPECIAL EDUCATION SERVICES PARENT/CAREGIVER SIGNATURE PAGE –

This form is to be used for those children receiving SEIT and/or Itinerant Related Services – submit monthly with voucher – **Dates (including Parent Signature dates) & times are NOT to be pre-filled**
 Encounter/session notes and other information (CPT codes, # of units, Location, etc.) are to be electronically submitted through CPSE Portal.

PLEASE TYPE or PRINT LEGIBLY

CHILD'S NAME _____

DOB _____

Male / Female (Please circle one)

SERVICE MONTH/YEAR _____

SERVICE _____

FREQUENCY/DURATION _____

Service Provider's Name _____ Agency Name (if applicable) _____
 (With Title &/ or Credentials)

License # _____

NPI # _____

Key: Method – G/Group I/Individual Location – H/Home: D/Day-care: C/Community Site (Library, Park, etc.); P/Provider's Office; S/School (Head Start, UPK, etc.), F/Facility

*****Dates & Times are NOT to be pre-filled**

DSS USE ONLY Supervisory Sign- off for UDO, USO, or Clinical Fellow	Method G / I	Location H / D C / P S / F	Session Date (mm/dd/yyyy)	Check (✓) if Make-up visit & provide date of missed session	Start Time (hh:mm am/pm)	End Time (hh:mm am/pm)	Parent/Caregiver Name (Please Print)	I, as parent/guardian/caretaker, certify that this was the service provided on the date and at the time as indicated on this form
								_____ Parent/Caregiver Signature _____ Date
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