



**Schenectady County
Public Health Services**

**Schenectady County Children with Special Needs Program
CPSE Voucher Verification - *Evaluations Only***

Evaluator: _____

Voucher period: (Jul - Aug) (Jan - Mar)
 (check only one) (Sept) (Apr - Jun)
 (Oct - Dec)

School Year: _____

	CHILD'S NAME	TOTAL
	Last, First (Alphabetical Order Only)	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
Total this Voucher		\$

Authorized Agency Signature: _____ Date: _____