



Schenectady County Public Health Services

Children with Special Needs
107 Nott Terrace, Suite 306
Schenectady, New York 12308-3170
Phone: (518) 386-2815
Fax: (518) 386-2801

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Public Health Director

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Director of Children with Special Needs

SUBSTITUTE PROVIDER LETTER

Reminder: One letter per child for clinical records
complete bolded areas

To: Schenectady County Children with Special Needs Program
107 Nott Terrace, Suite 306
Schenectady NY 12308

From:

Name of Provider:

Address:

The purpose of this letter is to notify you that I will begin my

type of leave (maternity, medical, personal, etc.):

effective from date:

to date:

name of substitute provider:

will be providing (type of service – ST, OT, PT, etc.): as a subcontractor, for:

name of child:

of times per week:

school district:

Please feel free to contact me if you have any questions or concerns.

Sincerely,

Provider Signature (with title)

Date

cc: school district
substitute provider