



**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		
<b>Total this Voucher</b>		<b>\$</b>

Authorized Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_