



# 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

*Keith M. Brown, MPH  
Public Health Director*

*Claire Proffitt, MPH, BSN, RN  
Deputy Public Health Director*

## **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,

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**Provider Signature (with title)**

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**Date**

cc: school district  
substitute provider