

**Suffolk County Department of Health Services
Division of Services for Children with Special Needs**

Verification of Absence and Make-up Session

SEIT's Name: _____ Date: _____

SEIT's Agency: _____ Frequency/Duration: _____

Child's Name: _____ Location of Service: _____

SEIT Absence [] or Child Absence []

Date (s) of Absence: _____

Reason for Absence: _____

Make-up Session Offered: [] Yes [] No Date of Make-up Session (if given): _____

Make-up Session Declined By Parent: [] Yes [] No

Signature of SEIT: _____

Signature of Parent/Caregiver: _____ Date: _____

Printed Name of Parent/Caregiver: _____

Please submit the completed form along with the original voucher to:

**Suffolk County Department of Health Services
Accounts Payable Unit
225 Rabro Drive
Hauppauge, N.Y. 11788
Attn: Frank McCluskey**

**Suffolk County SEIT continues to send all log notes and vouchers to the Preschool
Coordinator and not directly to Accounts Payable Unit.**