



System to Track and Account for Children (STAC) and Medicaid Unit

Steven Wright, Director

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STAC E-mail: omsstac@mail.nysed.gov

Medicaid E-mail: medined@mail.nysed.gov

STAC Website: http://www.oms.nysed.gov/stac

Medicaid Website: http://www.oms.nysed.gov/medicaid

**DVPUB Signature Form for Online Verification of
High Cost Public Placements**

(For 2013-14 In-District and Other District High Cost Public Placement Students)

District Name - Print

LEA/BEDS Code

Please select either Initial or Follow-up:

Initial DVPUB Signature Form (Due no later than 1/30/15)

Verification Date

Follow-up DVPUB Signature Form

(For new STACs approved & verified using DVPUB after Initial Signature Form was filed with STAC) _____
Verification Date

The district has corrected and verified the 2013-14 10-Mo. Annualized Costs and verified the Service Dates online using the DVPUB screen for High Cost Public Placements (In-District and Other Districts).

Superintendent Signature-Required

Print Name

Date

Business Official Signature-Required

Print Name

Date

Person Completing the HCSAR – Contact Information

Print Name

Title

Email address

Area Code-Telephone Number

After completion of district online verification using the DVPUB screen, return completed Signature Form and the required backup documentation for any stopped records. Initial Signature Forms required no later than 1/30/15.

**Mail or FAX to: STAC and Medicaid Unit, 89 Washington Avenue,
Room 514 EB, Albany, NY 12234 – TEL: 518-474-7116, FAX: 518-402-5047**

Questions: Ask for Edwin Truax, Maureen McCarthy, or Anne Wolfgang