

**HOW TO COMPLETE AUTOMATED VERIFICATION LISTINGS (AVLs)
FOR SCHOOL YEAR CHAPTER 47, 66, AND 721 PROGRAMS**

The Automated Verification Listing (AVL) is provided so that districts may verify the STAC-3 Approval enrollment dates and costs. **The district with CSE responsibility receives State Aid covering 100% of the costs claimed on the AVL.**

- o AVL's are sorted by school of placement and then alphabetically by child's name.
- o **"Correction boxes" !_____!** are provided below pre-printed computer generated data requiring verification. Any reductions in STAC-3 Approval costs or cutbacks in the Education (ED) dates may be indicated in these boxes on the AVL.
- o **Enrollment Dates**
Enrollment starting dates may only be shortened on the AVL. **The enrollment ending dates may be either cut back or extended on the AVL.**
- o **Costs for School Year Chapter 47, 66, & 721 Public Placements**
Transportation (Ch. 721 only), Other Related Services (OTH), Administrative Overhead (ADM), and Committee on Special Education (CSE) costs may be raised or lowered on the AVL. Education rates may be raised or lowered on the AVL. For BOCES placements refer to the BOCES year-end cost and refund reports to get the corrected 10-Month Annualized Cost Education rate.
- o **Costs for School Year Chapter 47 & 721 Private Placements**
Transportation (Ch. 721 only), Administrative Overhead (ADM), and Committee on Special Education (CSE) costs may be raised or lowered on the AVL. Education rates are set by SED for private placements. (Other Related Services are not allowed for private placements.)

The **“VERIFY Y/N”** column **must be completed** in order for aid to be paid. As explained below, the **only** acceptable entries are Y or N:

ENTRY

EXPLANATION

- | | |
|---|--|
| Y | Education dates and all cost fields are correct as pre-printed or as corrected.
Unless “Y” is entered, aid will not be paid. |
| N | The student was <u>never</u> enrolled. No aid will be paid. |

“Enter ICF or IRA” – For Chapter 721 students only identify their type of residence. Enter either:

“ICF” for Intermediate Care Facility or
“IRA” for Individualized Residential Alternative.

- o Complete & sign the AVL. Retain a photocopy of the AVL for your records.
Return the completed AVL to: STAC, Special Aids and Medicaid Unit, 89 Washington Avenue, Room 514 EB, Albany, New York 12234 – TEL (518) 474-7116, FAX (518) 402-5047
For STAC and AVL questions you may contact Edwin Truax or Anne Wolfgang.