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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 94 INF-13

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: March 15, 1994

SUBJECT: Revision to the Quarterly Report (DSS-4310)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
 Employment Coordinators
 WMS Coordinators
 Staff Development Coordinators
 CAP Coordinators

CONTACT PERSON: Bob Gullie
 ES/WMS Program Operations
 1-800-343-8859, extension 4-6501

ATTACHMENTS: Attachment I - DSS-4310: "Quarterly Report" -
 (not available on-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-9		351.1		PASB	92 LCM-175
91 ADM-2		351.24		V-E-all	GIS 93 ES/ DC003,
89 ADM-50		352.20-22, 352.31 358-3.3 387-17(d)		FSSB XII-A-all	ES/DC005 AND DC008

The purpose of this release is to introduce the revised (9/93) DSS-4310 "Quarterly Report". (copy attached)

All Public Assistance (PA) and Non-Public Assistance/Food Stamp (NPA/FS) cases with earned income must fill out the "Quarterly Report" except for:

- o TEAP cases
- o NPA/FS cases with SSI income
- o NPA/FS seasonal and migrant households
- o NPA/FS self-employed individuals budgeted on an annualized basis
- o FS/Mixed households where the only earned income belongs to the NPA member.

The Quarterly Report is comprised of three questions. These questions ask for information on household circumstances and income for the prior three months (report quarter). Recipients must answer the questions on the report and return it to their local department of social services along with verification of their last four weeks earnings and child care costs.

The revisions to the 11/92 version of the DSS-4310, which are included in the 9/93 version are listed below:

I. PLY 1 FRONT

- A. The Revision date was changed to "9/93".
- B. A NYC/HRA form number, "W-912A", was added directly below the DSS form number.

II. PLY 2 - FRONT (ENGLISH)

- A. The Revision date was changed to "9/93".
- B. A NYC/HRA form number, "W-912A", was added directly below the DSS form number.
- C. The first instruction was changed to read:

ANSWER ALL QUESTIONS ON THE ENCLOSED REPORT FORM. Answer all questions on this report for everyone who is getting public assistance and/or food stamps or anyone living with you who is legally responsible for someone getting public assistance or food stamps. If someone has recently moved into your household make sure you report that in question # 2. If someone has been living with you awhile, but you are not sure if the Social Services Department knows the person is there, report it on this report.

D. The third instruction was changed to read:

Return the report in the enclosed envelope by the due date listed near the upper right hand corner of the report, or your Public Assistance, Medical Assistance and Food Stamp case may be closed.

E. The fourth instruction was changed to read:

If you have a good reason for not returning the report on time, call your worker to explain why.

F. The fifth instruction was changed to read:

IMPORTANT - Do Not sign this form before the LAST day of the report quarter. If you do, this report is not complete.

G. The REMINDER below the instructions was changed to read:

REMINDER: Be sure to read both sides of the attached report and sign and date the back. For Public Assistance you must report any changes to your worker right away (within ten days). For Food Stamps you do not need to report changes at any time other than on the Quarterly Report or at recertification. However, you may voluntarily report changes at any time. If you do, we must immediately take appropriate action, including increasing your Food Stamps if the change requires an increase.

III. PLY 2 - FRONT (SPANISH)

All changes that were made to the English "General Instructions" section were also made to the corresponding Spanish "General Instructions" section.

IV. PLY 3 - FRONT

A. The Revision date was changed to "9/93".

B. A NYC/HRA form number, "W-912A", was added directly below the DSS form number.

C. The format and the text in the box that discusses closing your case was changed to allow the client to specify what program benefits they no longer require.

D. The following headings below the "examples of income" in Question 1 were changed to read:

1. NAME OF PERSON GETTING INCOME

2. SOURCE OF INCOME

3. HOW OFTEN (received)

E. Four separate weekly columns were added below "HOW MUCH (before taxes)" in order to list income amounts for a four week period.

F. The following box heading, in the upper right hand corner, was changed to read:

WE MUST RECEIVE YOUR COMPLETED
REPORT BY DUE DATE:

G. The Public Assistance and Food Stamps "qualifier" was changed to read:

For Public Assistance and Food Stamps: Send in pay stubs or proof of other income for each time it was received for the report month, the third month listed above. If you have already sent in proof of S.S.I., Social Security, Veterans Benefits, or income from child support, you do not need to send in proof again, unless there has been a change. If someone has stopped or started working, or is receiving other income, you must send in proof that the income has stopped or started.

Also, send proof of child care costs for each time you were charged during the same period. If you do not provide this, you may lose the child care deduction/allowance that we give you.

H. The Child Assistance Program "qualifier" was changed to read:

For the Child Assistance Program: Send proof of earnings, other income and child care costs for all three months listed above as the REPORT QUARTER.

I. The following bolded sentence was added to the bottom of this ply:

PLEASE ANSWER ALL THE QUESTIONS ON THE BACK OF THIS PAGE AND BE SURE TO SIGN AND DATE AT THE BOTTOM. IF YOU DO NOT SIGN AND DATE THE BACK OF THIS FORM, THIS FORM WILL NOT BE VALID.

J. A heavily bolded word "OVER" and an arrow was added to the lower right hand corner of this ply.

V. PLY 3 - REVERSE

A. The text in the parenthesis of Question 2 was changed to read:

(including births or deaths)

B. The following box headings in Question 2 were changed to read:

1. MOVED IN (or born)
2. MOVED OUT (or died)
- C. The second instruction of Question 2 was changed to read:

If you have proof of change, send it in. Otherwise, you will be contacted.
- D. The parenthetical text of Question 3 was changed to read:

(If you have proof of change, send it in. Otherwise, you will be contacted.)
- E. The wording of the last sentence of the "WARNING" section was changed to read:

If you cannot complete or return the form by the due date, please contact your worker.
- F. The last paragraph in the "CERTIFICATION" section, was changed to read:

I understand that I must contact my worker immediately to report any change that occurs for my Public Assistance case. For my Food Stamp case I must report changes on the Quarterly Report and at recertification but I may report changes at any other time.
- G. The last sentence, in the "Important" note below the "CERTIFICATION" section was changed to read:

If you do, this report is not complete.
- H. The heading of the "Signature" box at the bottom of this ply was changed to read:

Your Signature

VI. PLY 4 - FRONT (SPANISH)

- A. The Revision date was changed to "9/93".
- B. A NYC/HRA form number, "W-912A", was added directly below the DSS form.
- C. All changes that were made to the English on PLY 3 FRONT were also made to the corresponding Spanish sections on PLY 4 FRONT.

VII. PLY 4 - REVERSE (SPANISH) - All changes that were made to the English on PLY 3 REVERSE were also made to the corresponding Spanish on PLY 4 REVERSE.

VIII. RETURN ENVELOPE

- A. The Revision date was changed to "9/93".
- B. A NYC/HRA form number, "W-912A", was added directly below the DSS form number on every ply.

The printed copies of these forms are scheduled to be delivered to the State warehouse in April 1994 and will be used in the May 1994 run. In those limited instances where your district manually uses the DSS-4310, be sure to order the revised 9/93 version. Upon receipt of the revised 9/93 form, destroy all previous versions.

Requests for copies of these forms are to be submitted on Form WMS-47 (Rev. 9/89): "WMS Order Form", and should be sent to:

New York State Department of Social Services
Welfare Management System
P.O. Box 1990
Albany, New York 12201
Attention: Office of Customer Support Services

Questions concerning ordering the forms should be directed to OSD by calling 1-800-343-8859, extension 6-6223.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Economic Security