

+-----+  
 | INFORMATIONAL LETTER |  
 +-----+

TRANSMITTAL: 90 INF-9

TO: Commissioners of  
 Social Services

DIVISION: Income  
 Maintenance

DATE: February 27, 1990

SUBJECT: Revision of Certification Guide (DSS-3570)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors  
 Food Stamp Directors  
 Medical Assistance Directors  
 WMS Coordinators  
 Staff Development Coordinators

CONTACT PERSON: Maria Eckhardt  
 1-800-342-3715, extension 3-6165.

ATTACHMENTS: Attachment I - Changes to the 4/88 Version of the  
 DSS-3570: "Certification Guide"  
 (available on-line).  
 Attachment II - DSS-3570 (Rev. 6/89): "Certification  
 Guide" (not available on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
88 INF-52				PASB	
85 ADM-38				III-H V-C-1	
				FSSB IV-E V-E	

The purpose of this release is to introduce revisions to the worker-completed eligibility determination form DSS-3570: "Certification Guide" (copy attached). The Certification Guide was restructured and the questions were reordered to reflect the changes made in 1989 to the "Application for Public Assistance, Medical Assistance, Food Stamps, Services". A detailed listing of the revisions is attached.

The new Certification Guides should be available for distribution in March, 1990. New York City's HRA will have a supply sent directly to its warehouse; the remaining districts will automatically receive supplies of these forms based on previous ordering practices. The existing (4/88) versions of the Certification Guide are made obsolete by the new (6/89) versions, and all existing copies of the 4/88 versions should be destroyed upon receipt of the 6/89 versions.

Future requests for the DSS-3570 should 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 Systems Development

Questions concerning ordering forms should be directed to the Office of Systems Development (OSD) by calling 1-800-342-3715, extension 6-6223.

---

Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Income Maintenance

CHANGES TO THE 4/88 VERSION OF THE DSS-3570: "CERTIFICATION GUIDE"

A. Page One

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. At the top, under "Supervisor's Signature", a "Language" box was added for worker to indicate primary language spoken by applicant.
3. On this Page, and all future pages, an "Action Needed/Completed" box was added, where appropriate, to assist the worker in determining what further action is necessary for case processing.
4. In the "Action" box, the items were reordered, and the following were added:
  - a. "Citizen/Alien Cert. Form (DSS-4060)"
  - b. "EMEVs I.D."
  - c. "EP Form (DSS-4138)"

The following was deleted: "Family Planning Referral".

5. In the "Household Composition" instructions, first sentence, "List all persons . . ." was changed to "List every person . . .".
6. In Section A, the items were reordered, and the following were added:
  - a. "Medicare Buy-In"
  - b. "/Sex" after "Date of Birth"
  - c. "Citizen/Alien Certification Signature"

B. Page Two

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. Questions 1 and 2 were moved to Page Nine.
3. Question 3 was changed to Question 6, and a blank "Action" box was added.
4. Question 4 was expanded to capture the following additional information:
  - a. "Reason for Absence"
  - b. "Participating in Child Rearing"
  - c. "Joint Custody"

The items in the "Action" box were reordered, and the following "Action" was added: "Legally Responsible Relative Letter/Questionnaire".

5. For Question 5, an "Action" box with "SSA Referral" was added.

6. a. Questions 6 and 7 were changed to Questions 1 and 2, and the items in their "Action" box were reordered.
- b. The "Legally Responsible Relative" action item was changed to "Legally Responsible Relative Letter/Questionnaire".
- c. The action "TPHI (DSS-3281)" was added to the box.
7. Question 8 was changed to Question 3, and a blank "Action" box was added.
8. a. A new Question 7 was added:  
  
"Are the names of any applicants different from the names listed on their Social Security cards?"
- b. An "Action" box with "SS-5" was added.

C. Page Three

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. The heading "Employment Income" was added at the top.
3. All existing information on Page Three was moved to Pages Five, Seven and Nine and was replaced with the following:
  - a. Question 3 from Page Six (Now Question 1) - This was reformatted to include more space for each column and the area below the columns.
  - b. Question 4 from Page Six (Now Question 2)
  - c. Question 5 from Page Six (Now Question 3) - This question was changed to read:  
  
"Does anyone have any work-related expenses not included in the standard deduction?"
4. The following actions were added to the box at the bottom:
  - a. "CINTRAK/RFI"
  - b. "FS Dependent Care Deduction(s)"
  - c. "Quick Turnaround System (QTS)"

D. Page Four

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. The heading "Income" was added at the top.
3. All existing information on Page Four was moved to Page Six and was replaced with Page Eight "Income".

4. The heading "Name of Recipient" was changed to "Name of Recipient/Potential Recipient".
5. "If applicable" was added to the "Be sure to document claim number" heading.
6. The Income items were reordered to match the Application.
7. In Number 1 (now Number 22), "Alimony" was changed to "Alimony/Support".
8. In Number 13 (now Number 4), "SSI Benefits" was changed to "Supplemental Security Income (SSI) Benefits".
9. Number 23 "Advanced Earned Income Credit Payments" was deleted.
10. Number 25 "Income Received This Month" was deleted.
11. In Number 28, "his/her" was changed to "the alien's", and the "Yes/No" boxes were deleted.
12. Numbers 26-28 were reordered and became unnumbered.
13. A new Number 20 "Contributions/Gifts" was added.
14. A new Number 21 "Loans" was added.
15. A new Number 25 "Foster Care Income" was added.
16. A new Number 26 was added: "German Reparation Payments".
17. In the "Action" box, the items were reordered, and the following item was added:  
  
"FS Categorical Eligibility"  
  
The following item was changed:  
  
"CINTRAK Resolution" to "CINTRAK/RFI"

E. Page Five

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. The heading "Resources" was added at the top.
3. All existing information on Page Five was moved to Pages Seven, Eight and Nine and was replaced with Page Nine "Resources".
4. The top directions were changed to:
  - a. "Indicate if applicant or anyone who lives with applicant and is applying:"
  - b. "If Yes, Give Amount/Value"

5. The Resources items were reordered and reworded with "Has a", when applicable, to match the Application.
6. In Number 1, "(Includes P.I.A.)" was deleted.
7. Numbers 2 and 3 were reversed, and "(Includes Personal Incidental Allowance - PIA)" was added after "Has a Savings Account".
8. Number 6 (now Number 12) was changed to "Has an IRA, Keogh, 401-K or Deferred Compensation Account(s)".
9. Number 9 (now Number 16) was changed to "Is eligible for an Income Tax Refund".
10. Number 15 (now Number 19) was changed to "Has a Motor Vehicle/Year/Make/Model".
11. Number 17 (now Number 15) was changed to "Expects to receive a trust fund, lawsuit settlement, inheritance or income from any other source".
12. The following Resources items were added:
  - a. "6. Has a Certificate of Deposit (C.D.) or Money Market Account(s)"
  - b. "21. Has sold/transferred/given away cash, real estate or personal property in the past 30 months. If Yes, when:  
\_\_\_\_\_"
  - c. "7. Has Savings Bonds"
  - d. "14. Is Named The Beneficiary of a Trust"

F. Page Six

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. The heading "Shelter Expenses" was added at the top.
3. All existing information on Page Six was moved to Pages 3 and 9 and was replaced with Page Four "Shelter Expenses".
4. The page was reformatted by deleting the Shelter Types and expanding the shelter cost columns.
5. In the "Action" box, "Direct Fuel" was changed to "Fuel Restrict", and the following item was added at the bottom of the box:

"AIDS/HIV Emergency Shelter Allowance"
6. At the top, the following was added:

"Indicate how it has been verified that all household members live at residence address:"

7. Under the "Shelter Costs" column:
  - a. Mortgage costs and related items were separated and totalled under Line D: "Total Mortgage Payment (Lines 1-6)".
  - b. "Mortgage Interest" was changed to "Interest".
  - c. "Fire Insurance on Structure" was changed to "Homeowner's Insurance on Structure".
  - d. "Principal" was added.
  - e. "Total" was changed to "TOTAL (Lines A-D)".
8. Under the "Other Monthly Expenses" column:
  - a. The fuel types were separated into:
    - (1) "Fuel For Heat(ing)"
    - (2) "Electricity"
    - (3) "Gas"
    - (4) "Liquid Propane Gas"
  - b. "Water" was grouped with "Other Utilities" and the "Disposal" heading was deleted.
  - c. The following expenses were added:
    - (1) "H. Utility/Telephone Installation Fees"
    - (2) "L. Other Expenses"
9. In order to aid in documenting the "Other Monthly Expenses" costs, the following columns were added:
  - a. "In Whose Name Is The Bill?"
  - b. "Name of Dealer"
  - c. "Who Is the Tenant And/Or Customer Of Record?"
10. At the bottom:
  - a. Question 1 was incorporated into the "Other Monthly Expenses" columns, and the remaining questions were renumbered.
  - b. Question 4 was split into two separate questions:
    - (1) "3. Does the household have any unpaid shelter bills?"
    - (2) "4. Does the household have any unpaid fuel and/or utility bills?"
  - c. Question 7 was reworded to read:

"For FS recipients who are residents of Congregate Care facilities . . ."

G. Page Seven

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. The heading "Health/Medical" was added at the top.
3. All references to "Medicaid" were changed to "Medical Assistance".
4. All existing information was moved to Pages Eight and Nine and was replaced with:
  - a. Questions 9-15 from Page Three (Now Questions 1-9 Under "Health Insurance") - Question 13 (now Question 4) was changed to read: "Is anyone in a hospital, nursing home or other medical institution?"
  - b. Questions 3 and 4 (Now Questions 2 and 5 Under "Health Insurance") from Page Five.
  - c. Question 7-11 from Page Five (Now Questions 1-4 At The Top):
    - (1) Question 8 (now Health/Medical Question 1) was changed to read: "Does anyone have any paid or unpaid medical bills?"
    - (2) The Health/Medical "Action" box was changed as follows:
      - (a) "DSS-3281 (TPHI)" was changed to "TPHI"
      - (b) "Excess Letter", "TPHI Referral" and "MA Referral" were deleted.
      - (c) The following items were added:
        - o "FS Medical Deduction"
        - o "Krieger Forms"
        - o "AD Referral"
        - o "SSI Referral"
        - o "C/THP Referral"
        - o "PCAP"
        - o "Family Planning Referral"

H. Page Eight

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. The top heading was changed to "Other Expenses/Needs" and a middle "Employment" heading was added.
3. All existing information from Page Eight ("Income") was moved to Page Four and was replaced with the following:



- a. Questions 1, 2 and 6 from Page Five (Added To The "Other Expenses/Needs" Section) - Question 6 was expanded to capture more information regarding the payment of child support, medical support and alimony.
  - b. Questions 6-9 from Page Seven (Added To The "Employment" Section):
    - (1) Question 6 was reformatted and separated into Questions 1 and 2.
    - (2) Question 8 (now Employment 5) was changed to read: "... (16 and over for PA, 21 and over for MA and 16 through 59 for FS)?"
4. An "Action" box was added with the following:
- a. "UIB Referral"
  - b. "Disability"
  - c. "Worker's Compensation"
  - d. "Employment Registration Form"
  - e. "Employment Referral"
  - f. "MR Mailer"
  - g. "CINTRAK/RFI"
5. A new Question 1 under "Other Expenses/Needs" was added:  
"Does anyone pay any tuition and fees?"
6. A new Question 5 under "Other Expenses/Needs" was added:  
"Does anyone have any additional expenses/needs?"
7. A new Question 3 under "Employment" was added:  
"Does anyone have any job-related licenses or certificates such as beautician, chauffeur, nursing, real estate, etc.?"

I. Page Nine

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. The heading "Employment/Training" was added at the top.
3. All references to "Medicaid" were changed to "Medical Assistance".
4. All existing information from Page Nine ("Resources") was moved to Page Five and was replaced with the following:
  - a. Questions 1 and 2 from Page Two:
    - (1) These questions were separated into Questions 7-10.

- (2) In Question 2 (now Questions 9 and 10), "other agency" was changed to "another agency" and "Food Stamp fraud" was changed to "Food Stamp Fraud/Intentional Program Violation"
- b. Questions 16-18 from Page Three (Now Questions 4 and 5): Question 17 was changed from: "Does anyone 18-60 who is ..." to "Does anyone 18 through 59 . . .".
- c. Question 5 from Page Five
- d. Questions 1 and 2 from Page Six
- e. Question 10 from Page Seven (Now Question 3)
- f. An "Action" box with the following items was added:
- (1) "State Charge Referral"
  - (2) "Recoupments"
  - (3) "Outstanding Overpayment"
  - (4) "Pending Disqualification"
  - (5) "FS Dependent Care Deduction(s)"

J. Page Ten

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. The top and bottom areas of space were deleted to allow for the addition of more detailed categorical information.
3. Under the "ADC" section, the category "PG-ADC" was added with the following two reasons:
  - a. "No Verified ADC Deprivation Factor"
  - b. "No Documented Relative In Household"
4. In the "HR" section, the reasons were changed to the following:
  - a. "No Under 19 Individual In Receipt Of Public Assistance In The Household (Including Unborn)"
  - b. "No ADC Case Members In The Household"
5. In the "Emergencies" section, "PG-ADC" was added after "Emergency Home Relief".

K. Page Eleven

1. The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.
2. In the "FNP" section, the following reason was added:

"FNP Parent(s) Living With Their Dependent Child(ren) Under The Age of 21 (Who Are Financially Ineligible For Public Assistance)"

3. A new category "Payment of Medicare Premiums, Deductibles and Co-Insurance" was added.
  4. The Budget Types were deleted.
- L. Page Twelve - The Revision Date was changed to "6/89", and all Instructional/Heading areas were shaded.