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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 90 INF-44

TO: Commissioners of  
 Social Services

DIVISION: Income  
 Maintenance

DATE: August 24, 1990

SUBJECT: Revision of "Employment Subsystem Input Form"  
 (DSS-3775) (Rev. 7/90)

SUGGESTED

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

CONTACT PERSON: Wayne Marquit  
IM/WMS Program Operations  
 1-800-342-4100, extension 6-3413

ATTACHMENTS: DSS-3775: Employment Subsystem Input Form -  
 not available on-line.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.

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The purpose of this release is to introduce the 7/90 revision of the DSS-3775: "Employment Subsystem Input Form". The form is designed to assist local district employment workers or the staff of an outside employment service provider agency in the following ways:

1. Subsystem input by data entry staff.
2. Tool for supervisory review of workers subsystem input.
3. Document for community-based agencies to report employment services provided to public assistance recipients.
4. Quality control of subsystem data entry by contract agencies using outstationed terminals.

Listed below is a detailed summary of the changes which were incorporated into this revision:

FACE PAGE

1. Welfare Grant Savings area, PA Amt. field, the line between the dollars and cents section was made bolder.
2. Under the boxed-in area beginning with the title "CHANGE/DELETE", three new occurrences were added for the possible entry of a total of seven occurrences.

REVERSE PAGE

1. Added one new occurrence of the boxed-in area that starts with the title "LN" and ends with the line that starts with the title "CITY".
2. Each of the three occurrences of "HOURS/MONTH" was changed to "HOURS/WEEK".

Attached is a sample copy of the revised DSS-3775. In order to ensure usage of the revised form for the beginning of the JOBS Program, you may continue to use the existing (4/87) supply until your stock is depleted, or until October 1, 1990, whichever occurs first.

Requests for additional 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 Systems Development (OSD)

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Questions concerning ordering the forms should be directed to OSD by calling 1-800-342-4100, extension 6-6223.

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