INFORMATIONAL LETTER

TO: Commissioners of Social Services

DATE: October 24, 1990

SUBJECT: Revisions to Mandatory Client Notices

SUGGESTED DISTRIBUTION: Income Maintenance Directors
Food Stamp Directors
Medical Assistance Directors
Family and Children Services Directors
Corrective Action Coordinators
Staff Development Coordinators

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

ATTACHMENTS: Attachment I - Listing of all attachments - available on-line

FILING REFERENCES

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DSS-329EL (Rev. 9/89)
The purpose of this release is to introduce revisions to the following mandatory client notices (copies attached):

DSS-3152: "Action Taken On Your FS Case"
DSS-3153: "Continuing Your FS"
DSS-3620: "Notice of Intent to Change FS Benefits (Timely and Adequate)"
DSS-3621: "Notice of Intent to Change FS Benefits (Adequate Only)"
DSS-4013: "Action Taken on Your Application: PA, FS and MA Coverage"
DSS-4014: "Action Taken on Your Recertification: PA, FS, MA Coverage and Services"
DSS-4015: "Notice of Intent to Change Benefits: PA, FS, MA Coverage and Services (Timely and Adequate)"
DSS-4016: "Notice of Intent to Change Benefits: PA, FS, MA Coverage and Services (Adequate Only)"
DSS-4017: "Notice of Intent to Change FS Benefits (Timely and Adequate)"
DSS-4018: "Notice of Intent to Change FS Benefits (Adequate Only)"

A complete listing of all revisions to the 2/89 versions of these notices follows:

I. The Revision Date was changed to "01/90" for all revised notices.

II. DSS-3152: "Action Taken On Your FS Case"

   A. **FACE** - Under both the first and second accepted boxes, the sentence "This amount will be available to you on _____" was changed to "This amount will be available to you by ______." 

   B. **REVERSE**

      1. **Right To A Conference** - Before the last sentence, the following was added: "Even if you ask for a conference, you still have only 90 days from the date of this notice to request a fair hearing".

      2. **Right To A Fair Hearing** - Under "2. Writing", "Fair Hearing Section" was changed to "Office of Administrative Hearings".
III. DSS-3153: "Continuing Your FS"

A. FACE

1. In the first checkbox, the blank line at the end of the sentence was extended.

2. The "application" typo in the second checkbox was corrected.

3. Under "Documentation Data", First Bullet, the sentence was changed to read "...or in the source of your household's income".

B. REVERSE

1. **Right To A Conference** - Before the last sentence, the following was added: "Even if you ask for a conference, you still have only 90 days from the date of this notice to request a fair hearing".

2. **Right To A Fair Hearing** - Under "2. Writing", "Fair Hearing Section" was changed to "Office of Administrative Hearings".

IV. DSS-3620: "Notice of Intent to Change FS Benefits (Timely and Adequate)"

REVERSE

A. **Right To A Conference** - Before the last sentence, the following was added: "Even if you ask for a conference, you still have only 90 days from the date of this notice to request a fair hearing".

B. **Right To A Fair Hearing** - Under "2 Writing", "Fair Hearing Section" was changed to "Office of Administrative Hearings".

V. DSS-3621: "Notice of Intent to Change FS Benefits (Adequate Only)"

A. FACE - Before the "Suspend" checkbox, the following checkbox was added:

/**/  Continue your Food Stamp benefits unchanged at $______

B. REVERSE

1. **Right To A Conference** - Before the last sentence, the following was added: "Even if you ask for a conference, you still have only 90 days from the date of this notice to request a fair hearing."
2. Right To A Fair Hearing - Under "2. Writing", "Fair Hearing Section" was changed to "Office of Administrative Hearings".

VI. DSS-4013: "Action Taken On Your Application: PA, FS and MA Coverage"

A. FACE

1. Top of Page - The "Lifeline" Information was moved to the back.

2. PA Section

   a. "Accepted" Section - This was spread out to provide additional space for grant information.

   b. "Recoupment" Section - "of 10 percent (%)" was deleted and replaced by "Shown on the attached budget sheet". Also, the colon was deleted and replaced by a period.

   c. "Denied because" Section - Due to space constraints, this was reduced to one line. However, for cases that require more than one line for the denial explanation, the worker should strike out the words "Additional Information" and use those lines.

   d. "Additional Information" Section - This was added and given three blank lines.

3. FS Section

   a. Under the "Accepted" box, the third sentence was changed to: "This amount will be available to you by ________.

   b. After the "Denial" box a new box was added:

   You didn't do everything required for us to find out if you are eligible to receive food stamps. Here's what you still need to do: __________________________

   __________________________

   If you do this by _______, you will not have to reapply. After that date, you will have to reapply in order for us to find out if you are eligible to receive food stamps.

   c. The "Pended Because" box was deleted.

   d. An "Other" box was added.
e. The following was added:

Note: If you were denied food stamps, please inform this office if you are later approved for Supplemental Security Income (SSI) or Aid to Dependent Children (ADC) since this may mean you are eligible for food stamps.

4. MA Section - An "Other" box was added.

5. Bottom of Page One - The "Regulations Require ..." Section was moved to the back.

B. REVERSE

Right To A Fair Hearing - Under "2. Writing", "Fair Hearing Section" was changed to "Office of Administrative Hearings".

VII. DSS-4014: Action Taken on Your Recertification: PA, FS, MA Coverage and Services

A. FACE

1. PA Section

a. An outer box "RECERTIFIED for the period from __________ to __________." was added.

b. The Reduce Box was changed to "Reduce ... for that period from $________ monthly to $________ monthly effective __________." and was indented.

c. The "Discontinuance" box was moved after the "Continue" box, and its blank line was extended.

d. The "Increase" box was changed to "Increase ... for that period from $________ monthly to $________ monthly effective __________." and was indented.

e. The "Continue" box was indented, and its blank line was extended.

f. "If this box ..." was deleted.

g. The "Recoupment" box was changed to read "A RECOUPMENT at the rate of ____ percent (%) is being taken ...". The worker must fill in the appropriate recoupment percentage rate in the blank space.

h. In the "REASON" section, two more blank lines were added.
2. FS Section
   a. In the "Continue" box, a box was added before the second sentence, and the sixth sentence "If this box is checked ..." was made a separate box.
   b. In the "Recoupment" box, "at the rate of _____ percent (%)" was deleted.

3. Bottom of Page 1 - The "Regulations Require ..." section was moved to the back.

B. REVERSE - Right To A Fair Hearing - Under "2. Writing", "Fair Hearing Section" was changed to "Office of Administrative Hearings".

VIII. DSS-4015: "Notice of Intent to Change Benefits: PA, FS, MA Coverage and Services (Timely and Adequate)"

A. FACE

1. PA Section
   a. The "Reduce" box was changed to "Reduce ... effective ________________ from $____ to $____." 
   b. The "Increase" box was changed to "Increase ... effective from $____ to $____." 
   c. The "Continue" blank line was extended.
   d. The "Recoupment" box was changed to read "A RECOUPEMENT at the rate of ____ percent (%) is being taken ...".
      The worker must fill in the appropriate recoupment percentage rate in the blank space.
   e. In the "REASON" section, two blank lines were added.

2. FS Section
   a. The "Reduce" box was changed to "Reduce ... effective ________________ from $____ to $____." 
   b. The "Increase" box was changed to "Increase ... effective from $____ to $____." 
   c. The "Continue" blank line was extended.
   d. In the "Recoupment" box, "at the rate of ____ percent (%)" was deleted.
3. Bottom of Page 1

The "Lifeline" information and "Regulations Require ..." section were moved to the back.

B. REVERSE - Right To A Fair Hearing - Under "2. Writing", "Fair Hearing Section" was changed to "Office of Administrative Hearings".

IX. DSS-4016: "Notice of Intent to Change Benefits: PA, FS, MA Coverage and Services (Adequate Only)"

A. FACE

1. PA Section

a. The "Reduce" box was changed to "Reduce ... effective __________________ from $_____ to $______.

b. The "Increase" box was changed to "Increase ... effective __________________ from $_____ to $______.

c. The "Continue" blank line was extended.

d. The "Recoupment" box was changed to read "A RECOUPMENT at the rate of _____ percent (%) is being taken ...". The worker must fill in the appropriate recoupment percentage rate in the blank space.

e. In the "REASON" section two blank lines were added.

2. FS Section

a. The "Reduce" box was changed to "Reduce ... effective __________________ from $_____ to $______.

b. The "Increase" box was changed to "Increase ... effective __________________ from $_____ to $______.

c. The "Continue" blank line was extended.

d. In the "Recoupment" box, "at the rate of _____ percent (%)" was deleted.

3. Bottom of Page 1

The "Regulations Require ..." section was moved to the back.

B. REVERSE - Right To A Fair Hearing - Under "2. Writing", "Fair Hearing Section" was changed to "Office of Administrative Hearings".
X. DSS-4017 and DSS-4018: "Notice of Intent to Change FS Benefits (Timely and Adequate)" and: "Notice of Intent to Change FS Benefits (Adequate Only)", respectively, - Right To A Fair Hearing - Under "2. Writing", "Fair Hearing Section" was changed to "Office of Administrative Hearings".

Delivery of these revised notices to the Albany Warehouse is expected in November 1990. Your district will not automatically receive copies.

In order to ensure that usage of the revised forms begins within a reasonable amount of time, you may continue to use the previous (2/89) versions until your stock is depleted, or until December 31, 1990, whichever occurs first. Reorders will be filled with the 1/90 versions.

As explained in 89 LCM-155, clear photocopied masters of the revised Spanish versions will be available to each district which requires Spanish notices. Districts will then reproduce the forms locally.

Future requests for the revised notices, as well as requests for the Spanish masters, 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
PO Box 1990
Albany, New York 12201
Attention: Office of Systems Development (OSD)

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

___________________________________________
Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance
Attachment I - Listing of All Attachments

Attachment II   -  Filing References - available on-line.

Attachment III  -  DSS-3152:  "Action Taken on Your FS Case" - not available on-line.

Attachment IV   -  DSS-3153:  "Continuing Your FS" - not available on-line.

Attachment V    -  DSS-3620:  "Notice of Intent to Change FS Benefits (Timely and Adequate)" - not available on-line.

Attachment VI   -  DSS-3621:  "Notice of Intent to Change FS Benefits (Adequate Only)" - not available on-line.


Attachment VIII -  DSS-4014:  "Action Taken on Your Recertification:  PA, FS, MA Coverage and Services" - not available on-line.


Attachment XI   -  DSS-4017:  "Notice of Intent to Change FS Benefits (Timely and Adequate)" - not available on-line.

Attachment XII  -  DSS-4018:  "Notice of Intent to Change FS Benefits (Adequate Only)" - not available on-line.
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