INFORMATIONAL LETTER

TRANSMITTAL: 90 INF-67

DIVISION: Income

TO: Commissioners of Maintenance Social Services

DATE: December 21, 1990

SUBJECT: Revision of "Emergency Assistance For Adults Applicant Statement" (DSS-2921A)

SUGGESTED DISTRIBUTION:
Corrective Action Coordinators
Income Maintenance Directors
Staff Development Coordinators

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

ATTACHMENTS: Attachment - DSS-2921A: "Emergency Assistance For Adults Applicant Statement" (Rev. 11/90) - not available on-line.

FILING REFERENCES

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DSS-329EL (Rev. 9/89)
The purpose of this release is to inform local districts that the DSS-2921A: "Emergency Assistance For Adults Applicant Statement" has been revised (copy attached).

The DSS-2921A is the mandated repayment agreement form used in the case of a lost, stolen or unreceived SSI check. It was designed as an insert to the DSS-2921/2921(NYC): "Application", and eliminated the need for the DSS-2633: "Application for Emergency Assistance for Adults". The applicant for EAA (based upon loss, theft or non-receipt of an SSI check) must sign both the DSS-2921/2921(NYC) and the DSS-2921A.

Listed below is a detailed summary of the changes to the 7/90 version which were incorporated into the current (11/90) revision:

I. The Revision Date was changed to 11/90.

II. The format of this form was recently changed to a two-ply carbon in July 1990. This 11/90 revision changed the text into "plain English", where possible, and remains in the carbonized format.

The Spanish version of this form (DSS-2921A(S)) will remain a single-ply form, but the Revision Date will also be "11/90".

Delivery of the revised DSS-2921A to the Albany warehouse is expected in January 1991. Your district will not automatically receive copies.

In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the previous (7/90) version of the DSS-2921A until your stock is depleted, or until March 31, 1991, whichever occurs first. Reorders will be filled with the 11/90 version.

Future requests for this document 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