

+-----+  
| LOCAL COMMISSIONERS MEMORANDUM |  
+-----+

Transmittal No: 90 LCM-129

Date: August 17, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: MARS Survey Questionnaires

ATTACHMENTS: MARS Survey Questionnaires  
(Not Available On-Line)

Attached are two copies of the MARS Survey Questionnaire for your review and reply. Please distribute this questionnaire to the MARS Report users in your office. Make additional copies if needed.

The nature of the MARS survey and detailed instructions to complete it are provided on the attached cover sheet. After distributing the questionnaire, please forward to the Division of Medical Assistance a list indicating the name, telephone number, and mailing address of all individuals who answered the survey. This will be used to track the returning questionnaires and will facilitate the distribution of our follow-up mailings. Please return the list and completed questionnaire to:

Mr. Reynold W. Easton  
New York State Department of Social Services  
Division of Medical Assistance  
P. O. Box 118  
Albany, New York 12260-0118

Thank you for your cooperation.

---

Jo-Ann A. Costantino  
Deputy Commissioner  
Division of Medical Assistance