

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

TRANSMITTAL: 91 INF-16

TO: Commissioners of  
 Social Services

DIVISION: Income  
 Maintenance

DATE: March 4, 1991

SUBJECT: Income Maintenance Forms Implemented, Revised or Made  
 Obsolete in 1990

SUGGESTED

DISTRIBUTION: Income Maintenance Directors  
 Food Stamp Directors  
 Medical Assistance Directors  
 WMS Coordinators  
 Staff Development Coordinators  
 Employment Coordinators  
 Corrective Action Coordinators  
 HEAP Liaisons  
 Family and Children Services Directors

CONTACT PERSON: Wayne Marquit  
IM/WMS Program Operations  
 1-800-342-3715, extension 6-3413

ATTACHMENTS: None

FILING REFERENCES

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

The purpose of this release is to provide local social services districts with a list of all State-printed Income Maintenance forms, including client notices, that were newly introduced, revised, or made obsolete by Department communications in 1990. Please note that some of these forms are common forms/notices used by several program areas, but maintained by Income Maintenance (e.g. DSS-2921: Application for PA, MA, FS, Services). This listing should help local districts to guarantee that all new forms have been implemented in their agency, to assure that the latest versions of existing forms are being used, and to eliminate the use of forms which have been discontinued.

All forms and client notices are listed numerically under categories of new, revised, or obsolete. The 1990-91 HEAP forms are listed separately.

	<u>New Forms</u>	<u>Date</u>	<u>ADM/INF/ LCM #</u>	<u>ADM/INF/ LCM Date</u>
DSS-4148A	What You Should Know About Your Rights and Responsibilities (When Applying For Or Receiving Social Services)	3/90	90 LCM-93 90 ADM-41	6/28/90 11/2/90
DSS-4148A(S)	What You Should Know About Your Rights and Responsibilities (When Applying For Or Receiving Social Services) (Spanish)	3/90	90 LCM-93 90 ADM-41	6/28/90 11/2/90
DSS-4148B	What You Should Know About Social Services Programs	3/90	90 LCM-93 90 ADM-41	6/28/90 11/2/90
DSS-4148B(S)	What You Should Know About Social Services Programs (Spanish)	3/90	90 LCM-93 90 ADM-41	6/28/90 11/2/90
DSS-4167	Confidential Medical Information - Physician Certification of AIDS or HIV-Related Illness	12/89	90 ADM-8	2/20/90
DSS-4168	Programmatic Action Regulations Guide (PARG)	9/89	90 INF-8	2/8/90

	<u>New Forms</u>	<u>Date</u>	<u>ADM/INF/ LCM #</u>	<u>ADM/INF/ LCM Date</u>
DSS-4230	Conciliation Notification	8/90	90 ADM-27	8/29/90
DSS-4230(S)	Conciliation Notification (Spanish)	8/90	90 INF-55	10/3/90
DSS-4231	Option to End Your Sanction	8/90	90 ADM-27	8/29/90
DSS-4231(S)	Option to End Your Sanction (Spanish)	8/90	90 INF-55	10/3/90
DSS-4232	JOBS (Job Opportunities and Basic Skills Training Program)	8/90	90 ADM-27	8/29/90
DSS-4232(S)	JOBS (Job Opportunities and Basic Skills Training Program) (Spanish)	8/90	90 INF-55	10/3/90

	<u>Revised Forms</u>	<u>Revision Date</u>	<u>ADM/INF/ LCM #</u>	<u>ADM/INF/ LCM Date</u>
PUB-1301	How to Complete the Social Services Application	6/89	90 INF-3	1/8/90
PUB-1301(NYC)	How to Complete the Social Services Application (New York City)	6/89	90 INF-3	1/8/90
PUB-1313	How to Complete the Social Services Recertification Application	6/89 3/90	90 INF-3 90 INF-21	1/8/90 5/7/90
DSS-2291	Replacement Claim Affidavit - Food Stamp Program (English/ Spanish)	1/90	No Release	
DSS-2502	ADC-U Screening Checklist	7/90	90 INF-49	9/20/90
DSS-2642	Documentation Requirements	6/90	90 INF-40	8/22/90
DSS-2921	Application For Public Assistance, Medical Assistance, Food Stamps, Services	6/89 3/90	90 INF-3 90 INF-32	1/8/90 6/6/90
DSS-2921(NYC)	Application For Public Assistance, Medical Assistance, Food Stamps, Services (New York City)	12/89 3/90	90 INF-3 90 INF-32	1/8/90 6/6/90

	<u>Revised Forms</u>	<u>Revision</u>	<u>ADM/INF/</u>	<u>ADM/INF/</u>
		<u>Date</u>	<u>LCM #</u>	<u>LCM Date</u>
DSS-2921(A)	Emergency Assistance For Adults Applicant Statement	7/90 11/90	90 INF-46 90 INF-67	9/6/90 12/21/90
DSS-3174	Recertification For Public Assistance, Medical Assistance, Food Stamps	6/89 3/90	90 INF-3 90 INF-21	1/8/90 5/7/90
DSS-3469	Monthly Reporting First Mailer	5/90	90 INF-34	7/5/90
DSS-3469A	Monthly Reporting Second Mailer	5/90	90 INF-34	7/5/90
DSS-3469B	Monthly Reporting Instructions	5/90	90 INF-34	7/5/90
DSS-3469B(S)	Monthly Reporting Instructions (Spanish)	5/90	90 INF-34	7/5/90
DSS-3558	MA/FS Separate Determination Input Form	7/90	90 INF-60	11/6/90
DSS-3570	Certification Guide	6/89	90 INF-9	2/27/90
DSS-3608	Recertification Guide	6/89	90 INF-17	4/13/90
DSS-3666	Documentation/Verification Desk Aid	6/90	90 INF-66	12/18/90
DSS-3668	Shelter Verification Form	4/90	90 INF-25	5/14/90
DSS-3707	Employment Verification Form	4/90	90 INF-29	5/15/90
DSS-3708	School Attendance Verification Form	4/90	90 INF-27	5/14/90
DSS-3715	SSI Benefit Levels (Chart)	10/90	90 ADM-43	11/20/90
DSS-3775	Employment Subsystem Input Form	7/90	90 INF-44	8/24/90
DSS-3794	WMS Employment Subsystem Codes	8/90	90 INF-51	9/25/90
DSS-3825	Expenditures for Compre- hensive Employment Programs	10/90	90 INF-62	11/9/90
DSS-3959	Food Stamp Excess Net Income Narrative	12/89	90 INF-5	1/11/90

		<u>Revision</u> <u>Date</u>	<u>ADM/INF/</u> <u>LCM #</u>	<u>ADM/INF/</u> <u>LCM Date</u>
DSS-3960	<u>Revised Forms</u> Food Stamp Excess Gross Income Narrative	12/89	90 INF-5	1/11/90
DSS-3961	Food Stamp Budget Narrative	12/89	90 INF-5	1/11/90
DSS-4000	Application for a Social Security Card	12/89	90 INF-14	3/13/90
DSS-4060	Declaration of Citizenship/ Alien Status	12/89	90 INF-13	3/9/90
DSS-4138	Essential Person Worksheet	3/90	No Release	
DSS-4148A	What You Should Know About Your Rights and Responsibilities (When Applying For Or Receiving Social Services)	9/90	90 INF-65	12/13/90
DSS-4148A(S)	What You Should Know About Your Rights and Responsibilities (When Applying For Or Receiving Social Services) (Spanish)	9/90	90 INF-65	12/13/90
DSS-4148B	What You Should Know About Social Services Programs	9/90	90 INF-65	12/13/90
DSS-4148B(S)	What You Should Know About Social Services Programs (Spanish)	9/90	90 INF-65	12/13/90
WMS-94	WMS Non-Services Code Cards	8/90	90 INF-61	11/6/90

		<u>Date Made</u> <u>Obsolete</u>	<u>ADM/INF/</u> <u>LCM #</u>	<u>ADM/INF/</u> <u>LCM Date</u>
DSS-0906	<u>Obsolete Forms</u> Notice of Medical Appointment	11/7/90	No Release	
DSS-1431I	Calendar of ATP Mail Dates (Spanish on reverse)	10/25/90	No Release	
DSS-1653	Certificate of Employability	10/1/90	90 ADM-27	8/29/90
DSS-1973	WIN SAU Information Notice to SAU	10/1/90	90 ADM-27	8/29/90

	<u>Obsolete Forms</u>	<u>Date Made Obsolete</u>	<u>ADM/INF/ LCM #</u>	<u>ADM/INF/ LCM Date</u>
DSS-2086	WIN SAU Information Notice to IMU	10/1/90	90 ADM-27	8/29/90
DSS-2267	NPA Food Stamp Case Closing/ Change Notice to NYSES	10/25/90	No Release	
DSS-2291(S)	Replacement Claim Statement Food Stamp Program (Spanish)	10/25/90	No Release	
DSS-2608	Client Reminder to Report Change (Spanish on reverse)	11/13/90	90 ADM-41	11/2/90
DSS-2608 TEST	Client Reminder to Report Change (Flyer)	11/13/90	90 ADM-41	11/2/90
DSS-2612	WIN Referral Form	10/1/90	90 ADM-27	8/29/90
DSS-2622	WIN Notice of Change in Registrant's Status	10/1/90	90 ADM-27	8/29/90
DSS-2715	WIN Monthly Program Activity Summary	10/1/90	90 ADM-27	8/29/90
DSS-3094	Grants of Assistance for Guide Dogs - Quarterly Report	10/19/90	90 INF-52	10/1/90
DSS-3133	WIN Service Plan	10/1/90	90 ADM-27	8/29/90
DSS-3545	Comprehensive Employment Report	6/14/90	No Release	
DSS-3660	Federal Disability Screening Sheet	10/25/90	No Release	
DSS-3718	Training and Employment Assistance Program Participant Statement of Understanding	11/7/90	No Release	
DSS-3824	Food Stamp Employment Program Expenditures	11/9/90	90 INF-62	11/9/90

	<u>Revised Client Notices</u>	<u>Revision Date</u>	<u>ADM/INF/ LCM #</u>	<u>ADM/INF/ LCM Date</u>
DSS-3152	Action Taken On Your FS Case	1/90	90 INF-57	10/24/90
DSS-3153	Continuing Your FS	1/90	90 INF-57	10/24/90

		Revision Date	ADM/INF/ LCM #	ADM/INF/ LCM Date
DSS-3620	<u>Revised Client Notices</u> Notice of Intent to Change FS Benefits (Timely and Adequate)	1/90	90 INF-57	10/24/90
DSS-3621	Notice of Intent to Change FS Benefits (Adequate Only)	1/90	90 INF-57	10/24/90
DSS-4002	Notice of Acceptance/Denial of Request for Assistance to Meet an Immediate Need or a Special Allowance	12/89	90 INF-15	3/16/90
DSS-4004	Notice of Intent to Change Public Assistance Grant and/ or Food Stamp Benefits and/ or Medical Assistance Coverage for Non-Compliance with Employment Related Requirements (Timely and Adequate)	8/90	90 ADM-27	8/29/90
DSS-4005	Notification of Employability and the Right to Contest (Timely and Adequate)	8/90	90 ADM-27	8/29/90
DSS-4013	Action Taken On Your Application: PA, FS and MA Coverage	1/90	90 INF-57	10/24/90
DSS-4014	Action Taken On Your Recertification: PA, FS, MA Coverage and Services	1/90	90 INF-57	10/24/90
DSS-4015	Notice of Intent to Change Benefits: PA, FS, MA Coverage and Services (Timely and Adequate)	1/90	90 INF-57	10/24/90
DSS-4016	Notice of Intent to Change Benefits: PA, FS, MA Coverage and Services (Adequate Only)	1/90	90 INF-57	10/24/90
DSS-4017	Notice of Intent to Change FS Benefits (Timely and Adequate)	1/90	90 INF-57	10/24/90
DSS-4018	Notice of Intent to Change FS Benefits (Adequate Only)	1/90	90 INF-57	10/24/90
DSS-4158	Home Relief Notification of Job Readiness and the Right to Contest (Adequate Only)	8/90	90 ADM-27	8/29/90

	<u>Obsolete Client Notices</u>	<u>Date Made</u> <u>Obsolete</u>	<u>ADM/INF/</u> <u>LCM #</u>	<u>ADM/INF/</u> <u>LCM Date</u>
DSS-4003	Notice of Intent to Change PA Grant and/or FS Benefits and/or MA Coverage for Non-Compliance with Employment Related Requirements (Timely and Adequate) (Notice A)	10/1/90	90 ADM-27	8/29/90
DSS-4003(S)	Notice of Intent to Change PA Grant and/or FS Benefits and/or MA Coverage for Non-Compliance with Employment Related Requirements (Timely and Adequate) (Notice A) (Spanish)	10/1/90	90 ADM-27	8/29/90
DSS-4191	Notice of Intent to Change FS Benefits for Non-Compliance with Employment Related Requirements (Timely and Adequate) (Notice A)	10/1/90	No Release	
DSS-4191(S)	Notice of Intent to Change FS Benefits for Non-Compliance with Employment Related Requirements (Timely and Adequate) (Notice A) (Spanish)	10/1/90	No Release	
DSS-4192	Notice of Intent to Change FS Benefits for Non-Compliance With Employment Related Requirements (Timely and Adequate) (Notice B)	10/1/90	No Release	
DSS-4192(S)	Notice of Intent to Change FS Benefits for Non-Compliance With Employment Related Requirements (Timely and Adequate) (Notice B) (Spanish)	10/1/90	No Release	



---

HEAP Forms

The following Home Energy Assistance Program (HEAP) forms were sent to local districts attached to a letter to HEAP liaisons dated 9/24/90. The HEAP Desk Guide was attached to a letter to HEAP liaisons dated 11/14/90.

		Revision
		<u>Date</u>
DSS-3421	HEAP Application	6/90
DSS-3421(S)	HEAP Application (Spanish)	6/90
DSS-3431.1	HEAP Documentation Requirements (English Only)	6/90 (New)
DSS-3494C	Notice of Eligibility Decision (Automated)	7/90
DSS-3594	HEAP Budget Worksheet	6/90
DSS-3829	Low Income Worksheet	7/90
DSS-3862	Home Energy Assistance Program (HEAP) Desk Guide	9/90

---

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