TO:       Local District Commissioners

SUBJECT:   Placement Notification for SSI State Supplement (DSS-2287)

ATTACHMENTS:  None

73 PWD-209 instructed local social services districts on the use and preparation of the "Placement Notification for SSI State Supplement" (DSS-2287). That release instructed local districts to send the first copy of the completed DSS-2287 to the New York State Department of Social Services.

We no longer need a copy of the completed DSS-2287; therefore, a copy of this form should no longer be sent to this Department. All other instructions in 73 PWD-209 are still in effect.

We are presently reviewing the DSS-2287 to determine if it, or the procedures for processing it, should be modified. Your suggestions are welcome.

Please contact Abe Anolik at 1 (800) 342-3715, extension 4-7218 with any suggestions for the form revision or questions about the use or completion of the DSS-2287.

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