INFORMATIONAL LETTER

TRANSMITTAL: 94 INF-18

DIVISION: Economic

TO: Commissioners of Social Services

DATE: April 18, 1994

SUBJECT: Revision of "School Attendance Verification" Form (DSS-3708)

SUGGESTED DISTRIBUTION: Income Maintenance Directors
Food Stamp Directors
Medical Assistance Directors
WMS Coordinators
Staff Development Coordinators

CONTACT PERSON: Bob Gullie
ES/WMS Program Operations
1-800-343-8859, extension 4-6501

ATTACHMENTS: DSS-3708: "School Attendance Verification" -
(not available on-line).

FILING REFERENCES

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DSS-329EL (Rev. 9/89)
The purpose of this release is to introduce the revised "School Attendance Verification" form (DSS-3708). The form is designed to be mailed directly to the school at the time of application or recertification.

Listed below is a detailed summary of all the changes which were incorporated into this revision:

A. **FACE PAGE** – The revision date was changed to 2/94.

B. **REVERSE PAGE**

1. The revision date was changed to 2/94.

2. Question 1.A. was revised and reformatted to get more specific information regarding a child's enrollment status and actual school attendance.

3. Question 1.B. was reformatted.

4. Question 2 was reformatted.

5. The "address section" of Question 3 was reformatted to be consistent with other WMS forms.

6. The "address section" of Question 5 was reformatted to be consistent with other WMS forms.

7. The "address section" of Question 6 was renumbered as question 7 and was reformatted to be consistent with other WMS forms.

8. A new question, Question 8, was added to find out whether a school district requires children to attend school to the end of the school year during which they turn age 16 or to age 17.

Attached is a sample copy of the revised DSS-3708. In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the existing (4/90) supply until your stock is depleted, or until June 30, 1993, whichever occurs first.

Requests for additional copies of these forms are to 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  
P.O. Box 1990  
Albany, New York 12201  
Attention: Office of Customer Support Services (OCSS)
Questions concerning ordering the forms should be directed to OSD by calling 1-800-343-8859, extension 6-6223.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Economic Security