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| INFORMATIONAL LETTER | TRANSMITTAL: 96 INF-5
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TO: DIVISION: Temporary Assistance

Social Services

DATE: January 19, 1996

SUBJECT: Revision of DSS-4231 - "Option To End Your Sanction"

SUGGESTED

DISTRIBUTION: Income Maintenance Directors

Food Stamp Directors

Medical Assistance Directors

Family and Children Services Directors

WMS Coordinators CAP Coordinators

Staff Development Coordinators Corrective Action Coordinators

Forms Coordinators

CONTACT PERSON: Tom McGraw

IM/WMS Program Operations, at 1-800-343-8859,

extension 6-5123 (73U013)

ATTACHMENTS: DSS-4231 (Rev. 9/95): "Option To End Your Sanction"

(not available on-line)

## FILING REFERENCES

| _ | Previous<br>ADMs/INFs | Releases<br>  Cancelled | Dept. Regs.<br> | Soc. Serv.<br> Law & Other | Manual Ref. | Misc. Ref. |
|---|-----------------------|-------------------------|-----------------|----------------------------|-------------|------------|
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DSS-329EL (Rev. 9/89)

The purpose of this release is to introduce the revised (9/95) DSS-4231: "Option To End Your Sanction" form. This form provides basic information to clients regarding options to end employment-related sanctions.

The following are the changes to the (10/92) version of DSS-4231 which were incorporated into the 9/95 revision.

- 1. The revision date on the top left corner of the form was changed to (Rev.9/95).
- 2. The sanction time periods in the "Home Relief" section have been revised.

The revised 9/95 version of the DSS-4231 is expected to be delivered to the Upstate (Albany) warehouse sometime in February, 1996. The Spanish version of this form (DSS-4231-S) is not printed but a clear 9/95 master copy will be available at the same time for those districts who may need to photocopy it.

Local districts will  $\underline{not}$  automatically receive copies of these forms. In order to insure that usage of the revised forms begins right away, we recommend that local districts photo copy the attached form until new supplies are available. Requests for supplies of both the English version of this form and the Spanish camera ready copy 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
P.O. Box 1990
Albany, New York 12243

Attention: Office of Customer Support Services (OCSS)

Questions concerning ordering forms should be directed to OCSS by calling 1-800-343-8859, extension 6-6223.

Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance