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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 93 INF-35

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: September 2, 1993

SUBJECT: Revision of "Food Stamp Separate Determination Input
 Form" (DSS-3558)

SUGGESTED

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

CONTACT PERSON: Maria Eckhardt
 1-800-342-3715, extension 4-6501

ATTACHMENTS: Attachment - DSS-3558: "Food Stamp Separate
 Determination Input Form"
 (Rev. 4/93) - not available
 on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 INF-60	90 INF-60				

This INF introduces the revised DSS-3558: "Food Stamp Separate Determination Form" (copy attached). This form supports the Upstate WMS Separate Determination Process and is used to collect the information needed to conduct separate determinations for Food Stamps when a Public Assistance case is closed.

The latest revision of the DSS-3558 is dated 4/93, and it reflects the latest systemic changes made to support Quarterly Reporting and the future implementation of the Client Notices System (CNS).

Listed below is a detailed summary of the changes to the 7/90 version which were incorporated into this current (4/93) version:

I. Section 1

- A. To the right of the "RACE" box, the following boxes were added:

NOTICE IND.
NOTICE NUMBER
LAN CODE
REASON CODE
FS QRTLY CNTCT

- B. To the right of the "RESIDENCE ADDRESS" box, the following box was added:

NOTICE EFFECTIVE DATE

- C. To the right of the "PHO NO" box, the following box was added:

FS BUD VER NO.

- D. Because of the above additions, the following grouping of boxes was shifted to the right:

FISC DIST
OFFICE CODE
UNIT ID
WORKER ID
CO-OP CASE

II. Section 3

The "SANC INEL" box was changed to "FS INDIV", and an extra space was added.

III. Section 5

The "F.S.I.D." box was changed to "EBICS".

IV. Section 6

The "CHECK/ATP NUMBER" box was changed to "CHECK/FSB/VOUCHER NUMBER".

V. Section 7

In both "A" and "B", to the right of the "CODE" box, the following box was added:

NOT. IND.

Delivery of these forms to the Albany Warehouse should be in September 1993. Your district will not automatically receive copies.

In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the previous (07/90) version until your stock is depleted, or until December 31, 1993, whichever occurs first. Reorders will be filled with the 4/93 version.

Requests for the DSS-3558 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 12201
Attention: Office of Systems Development

Questions concerning ordering forms should be directed to the Office of Systems Development (OSD) by calling 1-800-342-3715, extension 6-6223.

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