

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

TRANSMITTAL: 93 INF-38

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: September 10, 1993

SUBJECT: Revision of "Employment Verification" Form
 (DSS-3707)

SUGGESTED

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

CONTACT PERSON: Bob Gullie
 ES/WMS Program Operations
 1-800-342-3715, extension 4-6501

ATTACHMENTS: DSS-3707: "Employment Verification" -
 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-29	90 INF-29	351.2(e)		<u>PASB</u> IV-C <u>FSSB</u> V-E <u>MARG</u> pp 63 -70 Appendix II p. 10	

The purpose of this release is to introduce the revised "Employment Verification" form (DSS-3707) (attached). The form is designed to be mailed directly to an employer at the time of application or recertification.

The revisions to the (04/90) version, which are included in the (7/93) version, are listed below:

FACE PAGE

1. The Revision Date was changed to (Rev.7/93).
2. At the request of the Division of Health and Long Term Care (formerly Medical Assistance), the "Statutory Deductions" column and corresponding footnote were deleted. This was done because Statutory deductions are no longer deducted from earned income when determining eligibility for Medical Assistance.

REVERSE PAGE

1. The Revision Date was changed to (Rev.7/93).
2. In "Question 5", "deferred compensation" was added as another example of payroll savings.
3. At the suggestion of a local district worker, the following new question was added:
4. Is your company a temporary employment agency? YES ___ NO ___
If yes, is the employee on-call? Please specify, _____

Delivery of the DSS-3707 to the Albany warehouse should be in October 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 existing (04/90) supply until your stock is depleted, or until December 1, 1993, whichever occurs first.

Requests for supplies 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 Systems Development (OSD)

Date September 10, 1993

Trans. No. 93 INF-38

Page No. 3

Questions concerning ordering the forms should be directed to OSD by calling 1-800-342-4100, extension 6-6223.

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