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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 93 INF-40

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: September 28, 1993

SUBJECT: Revision of Certification Guide (DSS-3570)

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 I - Revisions to the 12/91 Version of the
 DSS-3570: "Certification Guide"
 (available on-line).
 Attachment II - DSS-3570 (Rev. 06/93: "Certification
 Guide" (not available on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
85 ADM-38				PASB	
92 INF-24				III-H	
90 INF-9					
88 INF-52				FSSB IV-E-5&6 V-E-all	

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The purpose of this release is to introduce revisions to the worker-completed eligibility determination form DSS-3570: "Certification Guide" (copy attached). A detailed listing of the revisions is attached.

The new Certification Guides should be delivered to the Albany Warehouse in September 1993, and districts will automatically receive supplies of these forms based on previous ordering practices. The existing (12/91) versions of the Certification Guide are made obsolete by the new (06/93) versions, and all existing copies of the 12/91 versions should be destroyed upon receipt of the 06/93 versions.

Future requests for the DSS-3570 should be submitted on Form WMS-47 (Rev. 09/89): "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

REVISIONS TO THE 12/91 VERSION OF THE DSS-3570

I. PAGE 1

A. Section A

1. After the "Medicare Buy-In" column, a new column called "COBRA" was added to identify the applicant as applying only for payment of the COBRA health insurance extension.
2. The words "Citizen/Alien Certification Signature" were abbreviated to allow space for the new "COBRA" column.

- B. In the "Action" box, "EP Form (DSS-4138)" was deleted, since this form was obsolete.

II. PAGE 2 - In the "Action" box, "Assignment of Child Support" was deleted, since this information is now contained on the Applications (DSS-2921 and DSS-3174).

III. PAGE 3 - "Employment Income"

- A. Under Section 1, the following information was added as the new Section 2:

For each two-parent family case that is not already ADC-U eligible, has an ADC-U Screening Checklist (DSS-2502) been completed? ___ Yes ___ No

(For families transferring their ADC-U case from another county, get a copy of the ADC-U Screening Checklist to continue ADC-U.)

ADC-U Eligibility Decision: ___ Eligible ___ Not Eligible

This information was added because a two-parent family where a parent is employed may be eligible for ADC-U.

- B. The old Sections 2 and 3 were renumbered to "3" and "4".
- C. In the "Action" box, "MR Mailer" was changed to "Quarterly Mailer".

IV. PAGE 4 - "Income"

- A. Number 19 was changed to:

Income (Rent) from Roomers/Boarders/Lodgers

B. Number 26 was changed to "German/Austrian Reparation Payments".

C. In the "Action" box:

1. "MR Mailer" was changed to "Quarterly Mailer".

2. "Bona Fide Loans Worksheet" was added to reflect policy changes from 92 ADM-43.

V. PAGE 5 - "Resources"

A. In the "Action" box:

1. "Equity Value Form" was deleted, since this form is no longer used by Health and Long Term Care.

2. "RFI/OCA" was added.

B. Under the "Action" box, the following was added:

Note: For Food Stamps, all resources of ADC or SSI recipients are exempt.

C. Number 15 was changed to:

Expects to receive a trust, settlement, inheritance or other income

D. A new Number 16 was added:

Expects to receive a personal injury award or settlement

E. The old Numbers 16 - 22 were renumbered to "17" - "23".

F. The new Number 22 was changed to:

Has anyone (including spouse even if not applying or living with) sold/transferred/given away any cash, real estate or personal property in the past 30 months. If Yes, When: _____

VI. PAGE 6 - "Shelter Expenses"

A. Shelter Costs

1. The "Monthly Actual Cost" column was changed to "Monthly Cost".

2. The "D. Mortgage Payment" section was reduced to include only "Principal and Interest".

3. The following sections:

- D. 3. Property Tax (including School Tax)
- D. 5. Taxes Included in Mortgage (Escrow Payment)
- D. 6. Assessments (Sewer, etc.)

were combined into the following section:

E. Taxes and Special Assessments

4. The "D. 4. Homeowner's Insurance on Structure (Incl. Fire Insurance" section was changed to "F. Homeowner's or Fire Insurance".

5. The "E. Utility/Phone Installation Fees" section was changed to:

- G. Utility/Phone Installation Fees (FS Only)
 One Time Prorated

B. Other Monthly Expenses - The order of these items was changed.

C. At the bottom, in Question 6, 1st bullet, "a" and "b" were changed to:

a. Heating or Air Conditioning

b. Utilities other than heating or air conditioning

D. At the bottom, across from Question 2, the worker prompt "Consider: Bona Fide Loan" was added.

VII. PAGE 7 - "Health/Medical"

A. At the bottom, Question 7 was changed to:

Is anyone drug or alcohol dependent or in a drug or alcohol treatment program?

B. At the bottom, in the "Action" box, "Veteran's Referral (VA-3288)" was changed to "Veteran's Referral/Benefits".

VIII. PAGE 8 - "Employment"

A. At the bottom, the following new Number 6 was added:

For each two-parent family case that is not already ADC-U eligible, has an ADC-U Screening Checklist (DSS-2502) been completed? Yes No

(For families transferring their ADC-U case from another county, get a copy of the ADC-U Screening Checklist to continue ADC-U.)

ADC-U Eligibility Decision: ___ Eligible ___ Not Eligible

- B. In the "Action" box, "MR Mailer" was changed to "Quarterly Mailer".

IX. PAGE 9 - "Employment/Training

In Question 5, first bullet, "59" was changed to "49" due to a change in FS policy.

X. PAGE 10 - "Categorical Determination: PA, FS"

- A. ADC Section - In the third checkbox section for "Incapacity of Parent Results In:", the following new fourth indented checkbox was added :

___ Disability Review Determination

- B. In the "Documentation" section, the following was added to reflect policy from 92 ADM-2:

For children in the care of a non-relative, the child last received ADC with a relative on _____. (Date must be within the last six months.)

C. PG-ADC Section

1. The second checkbox was changed to:

No Documented Relative In Household And The Child(ren) Has Not Received ADC With An Eligible Relative Within The Last Six Months

2. In the "Documentation" section, the following was added in a bridged format between "PG-ADC" and "HR":

The PA will be claimed as EAF because the need for PA resulted from an emergency that was documented by _____ and the case is categorically eligible for EAF.

D. HR Section

1. The first checkbox was changed to:

No Under 19 Individual Applying In This Case (Including Unborn)

2. The second checkbox "No ADC Case Members In the Household" was deleted because persons who would be eligible as Essential Persons are addressed in the ADC Section. Others who are over age 18 and with no applying child are HR.

XI. PAGE 11 - "Categorical Determination - MA"

- A. In the "MA/FP ADC-Related" Section, under the third checkbox, a new fourth indented checkbox was added:

Disability Review Determination

- B. In the "FP SSI Related" section, in the third checkbox section for "Disabled", the following new third indented checkbox was added:

Receipt of RSDI Based On Blindness/Disability

- C. In the "Chronic Care" section, "Documentation" section

1. "Date of Separate and Apart" was changed to "Date of Permanent Absence" and "Income___ Resources___" was deleted.
2. "PRI/Screen" was changed to "PRI Screen/Rug Category ___".