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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 94 INF-32

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: June 27, 1994

SUBJECT: Revision of "Determination Of Eligibility
 For Emergency Assistance To Families (EAF)"
 (DSS-4403) (Rev. 5/94)

SUGGESTED

DISTRIBUTION: Directors of Income Maintenance
 Directors of Food Stamps
 Directors of Medical Assistance
 Directors of Quality Assurance and Audit
 CAP Coordinators
 Staff Development Coordinators
 Forms Coordinators

CONTACT PERSON: Maria Eckhardt
 1-800-343-8859, extension 4-6501

ATTACHMENTS: Attachment I: DSS-4403: "Determination Of Eligibility
 For Emergency Assistance To Families
 (EAF)" (Rev. 5/94) - Not available
 on-line

FILING REFERENCES

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|-----------------------|-----------------------|----------------------|---|-----------------------------------|------------|
| 93 INF-48 | | Part 369 Part 372 | | PASB X-all VIII-all IX-G | |

The purpose of this release is to introduce the mandated revised DSS-4403: "Determination Of Eligibility For Emergency Assistance To Families (EAF)" (Rev. 5/94).

EAF is a federally participating program designed to deal with crisis situations threatening a family with children under age 21 and to meet needs resulting from a sudden occurrence or a set of circumstances demanding immediate attention. The DSS-4403 was created to assist in the Department's goal of increasing federal funding by aiding workers in correctly claiming EAF at case acceptance.

The revisions to this form are:

- I. The Revision Date was changed to 5/94.
- II. In the box at the top, "Case Load Number" was removed.

Delivery of this form to the Albany Warehouse is expected in July 1994. Your district will not automatically receive copies.

Since NYC/HRA currently is using a Department-approved local equivalent for this form, supplies will not be shipped to New York City.

In order to ensure that usage of the revised forms begins within a reasonable amount of time, you may continue to use the existing (5/93) version of this form until your stock is depleted, or until September 1994, whichever occurs first.

Note: All requests for approval of local equivalent forms must be submitted in accordance with the procedures described in 89 INF-53 and pages 12-1 through 12-7 of the Local District Manager's Guide.

Requests for the DSS-4403 (Rev. 5/94) should be submitted on Form WMS-47 (Rev. 9/89) 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

Questions concerning ordering forms should be directed to the Office of Customer Support Services by calling 1-800-343-8859, Extension 6-6223.

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