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Informational Letter

Section 1

Transmittal:	02 INF 7
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	February 15, 2002
Subject:	Revision of DSS-2642: "Documentation Requirements"
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 Extension 4-6055 Program Questions: Eastern Region - (518) 473-1469 Central Region - (518) 474-9344 Western Region - (518) 473-0332 Metro Region - (212) 383-1658 WMS Questions: (518) 474-8749
Attachments:	Attachment - LDSS-2642: "Documentation Requirements" (Rev.9/01)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-20 91 INF-42	91 INF-42	351.6 387.8(c) 360-2.2		PASB iv-29.1 to iv-31.19 FSSb V-E V-7.1 to 9.19 MARG II Appendix 3-23	90 LCM-93 GIS Message 89 IM/DC017

Section 2

I. Purpose

The purpose of this release is two fold:

1. To inform local districts that the DSS-2642: Documentation Requirements has been revised. (copy attached.)
2. To remind local districts that 93 ADM-20 mandated the use of this form for each Temporary Assistance and Food Stamp Benefits case in which the applicant or recipient is being asked to provide proof of an eligibility factor.

II. Background

The LDSS-2642 is used to inform an applicant or recipient that proof of all eligibility factors must be received by a local district before an eligibility decision can be rendered. It is designed so that an eligibility worker can check off those factors, which need to be verified, provide a list of items, which are acceptable as verification of those factors and indicate the date by which the outstanding item must be received. The carbonized copy of the form should be filed in the applicant's/recipient's case record for reference purposes.

III. Revisions:

The following is a description of the changes to the 5/91 version which are incorporated into this current (9/01) revision:

1. The form number was changed from DSS-2642 to LDSS-2642.
2. The Revision Date was changed to (Rev.9/01).
3. In the "Eligibility Factor" section - under "TWO of the following", the sentence was changed to read:

(If you are applying for Food Stamps or Medical Assistance only, you need to bring only one form for each eligibility factor checked.)

4. The following proof items were added to the "Identity" section:
In the Second Box - "Naturalization Certificate"
"Hospital/Doctor's Records"
"Adoption papers"
In the Third Box - "Birth/Baptismal Certificate"
5. Proof item, "Credit card with signature", was deleted from the Third Box.
6. The following items of proof were added to the "Residence" section:
In the Second Box - "Statement from Landlord"
"Current rent receipt or lease"
"Mortgage records"

7. Proof items, "Credit card with signature", and Physician records" were deleted from the Third Box.
8. The following clarifying information was added to the "Social Security Number" section:

In the First Box - "(A Social Security Number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are MA applicants who are pregnant)"

9. In the Eligibility Factor column of the "Citizenship and Alien Status" section, the text was changed to read:

Citizenship and Alien Status US citizens are eligible for Temporary Assistance, Food Stamps and Medical Assistance. Aliens' eligibility for Temporary Assistance, Food Stamps and Medical Assistance is based on whether the alien is a qualified or a non-qualified alien and the date on which the alien entered the country. Alien status is **not** an eligibility factor when an alien is only applying for assistance for treatment of an emergency condition or assistance for a pregnant woman, or was permanently residing under color of law, was residing in certain residential settings or had a diagnosis of AIDS, and was in receipt of MA on August 4, 1997.

10. The following proof items were added or revised in the "Unearned Income" section:

In the First Box – "Interest/dividends" was changed to "interest/dividends/royalties".

In the First Box – "private pension/annuity" was added.

In the Second Box – "check stubs" was added under "child support"

Under "Interest/dividends", "Statement from broker" was changed to "Statement from broker/agent".

11. The following information was added to clarify proof requirements in the "Resources" section:

In the First Box – "Resources" was changed to "Resources (for MA only, resource information is not requested from pregnant women, children, and persons eligible for Family Health Plus)".

12. A new "Eligibility" section with box was added and titled – "Medical Bills".

The item of proof, "copies of medical bills (paid and unpaid)", was added in the Second Box.

IV. Additional Information

Forms Requests

Delivery of the revised 9/01 version of the LDSS-2642 is expected in March 2002. Your district will not automatically receive copies. The Spanish version of the LDSS-2642 will not be printed, but a clear master will be available to those districts that may need to photocopy it. Spanish masters can be ordered through the same process as ordering the English versions.

In order to ensure that usage of the revised form begins within a reasonable time, you may continue to use previous (5/91) version of the LDSS-2642 until your stock is depleted, or until May 2002, whichever occurs first. Reorders will be filled with the 9/01 versions.

Future requests for supplies of the LDSS-2642: "Documentation Requirements" (Rev. 9/01) or the Spanish master copy, LDSS-2642-S: "Documentation Requirements" (Spanish Camera Ready Board), should be submitted on Form OTDA-876 (Rev. 6/98): "Request for Forms or Publications" form, and should be sent to:

Office of Temporary and Disability Assistance
Document Services
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859 ext. 2-0164.

Issued By:

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Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance