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OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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Brian J. Wing
Commissioner

Informational Letter

Section 1

Transmittal:	02 INF 19
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	July 8, 2002
Subject:	Revision of the LDSS-3708: "School Attendance Verification Form" (Rev. 4/01)
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-3708 (Rev. 4/01)
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.
94 INF-18 90 INF-27	94 INF-18	369.2(c) 369.4(e)		PASB IV-31.3, VIII-F-2 VII-G-all and VIII-S-2 MARG pp 23,24,27,29 41 and 48 Appendix II 6.1	

Section 2

I. Purpose

The purpose of this release is to introduce the revised "School Attendance Verification" form (LDSS-3708). This form was designed to be mailed directly to the school at the time of application or recertification.

The primary reason for this revision was to update a form that had not been revised since 1994.

The following are the changes to the 2/94 "School Attendance Verification" form that were incorporated into the 4/01 version.

Face Page:

- The form number was changed from DSS-3708 to LDSS-3708.
- The Revision Date was changed from 2/94 to 4/01.

Reverse Page:

- The form number was changed from DSS-3708 to LDSS-3708.
- The Revision Date was changed from 2/94 to 4/01.

II. Additional Information

Attached is a sample copy of the revised LDSS-3708 (Rev. 4/01).

Requests for additional copies of the LDSS-3708 (Rev. 4/01) should be submitted on the 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

Name: Patricia Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance