



George E. Pataki
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

Robert Doar
Commissioner

Informational Letter

Section 1

| | |
|--|---|
| Transmittal: | 05-INF-16 |
| To: | Local District Commissioners |
| Issuing Division/Office: | Division of Employment and Transitional Supports |
| Date: | September 26, 2005 |
| Subject: | 8/05 Revision of LDSS-2642: "Documentation Requirements" |
| Suggested Distribution: | Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators |
| Contact Person(s): | Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Food Stamp Bureau - (518) 473-1469 Temporary Assistance Bureau - (518) 474-9344 HEAP Bureau- (518) 473-0332 Medicaid Local District Liaison - Upstate: (518) 474-8887 NYC: (212) 417-4500 |
| Attachments: | Attachment - LDSS-2642: "Documentation Requirements" (Rev.8/05) |
| 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 03 OMM/ ADM-2 04 INF-2 02 INF-7 91 INF-42 | | 351.6 387.8(c) 360-2.2 | | TASB pp.2 to 21 FSSB V-EV-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 LDSS-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.

Persons applying for Medicaid-Only/Family Health Plus on the DOH-4220: "Access NY Health Care" application, use the DOH-4220B: "Documentation Checklist".

The Medicaid-Only/Family Health Plus renewal includes a documentation checklist. Recipients should not be sent an additional documentation checklist at renewal.

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/recipient's case record for reference purposes.

III. Revisions:

- A. The revision date has been **changed** to 8/05.
- B. In the 3rd Column of the "Identity" proof section, "Social Security Number" was **changed to** "Validated Social Security Number".
- C. In the 3rd Column of the "Identity" proof section, "Birth Certificate" was **deleted** because it is already contained in the proof reference, "Birth/Baptismal Certificate".
- D. In the 2nd Column of the "Absent Parent Information" proof section, "UIB book" was **changed** to "Monetary determination letters".
- E. In the 4th Column of the "Social Security Number" eligibility factor section, "Food Stamp Benefits" was **added** as one of the programs that you do not need to provide proof of your Social Security Number.
- F. In the 4th Column of the "Citizenship or Current Alien Status" eligibility factor section, the word "eligibility" was **changed** to "eligible" and the word "and" to "or" in the same sentence.
- G. In the 5th Column of the "Citizenship or Current Alien Status" proof section, the acronym, "USBCIS" was **changed** to "USCIS", which stands for U. S. Citizenship and Immigration Services.
- H. In the 5th Column of the "Earned Income" proof section, the following additional employer proof information was **added**:

On letterhead, rate of pay per hour; hours worked per week; date of first pay, if new, and employer's phone number.

- I. In the 6th column of the “Unearned Income (con’t)” eligibility factor section, “Worker’s Compensation” was **changed** to “Workers’ Compensation”.
- J. In the 6th Column of the “Resources” eligibility factor section, the note, “(For Medical Assistance-only, resource information is not requested from pregnant women, children under the age of 19 and person eligible for Family Health Plus)” was **deleted**.
- K. In the 7th Column of the “Resources” proof section, “Refund or EITC check” was **changed** to “Tax Refund”.
- L. In the 7th Column of the “Resources” proof section, “(older models) was **added** after “Registration”.
- M. In the 8th Column of the “Unpaid Bills” eligibility factor section, “medical” was **deleted**.
- N. In the 9th Column of the “Other” proof section, the different proofs were **deleted** and replaced with lines for worker to enter what proofs are required.
- O. In the 9th Column of the “School Attendance” proof section, the proof was changed from “Statement from school” to “Statement from school/ or Higher Education Institution”.

IV. Forms Ordering Information

- Delivery of the revised 8/05 version of the LDSS-2642 is expected in December 2005. Your district **will** automatically receive copies. The Spanish version of the LDSS-2642-SP 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.
- Any future Requests for printed copies of the 8/05 version of the LDSS-2642 should be submitted on OTDA-876 “Request For Forms or Publications”, and should be sent to:

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

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

- Documents also may be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm .

Issued By _____

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Division of Employment and Transitional Supports

DOCUMENTATION REQUIREMENTS

LDSS-2642 (Rev. 8/05)

| | |
|--------------------------|-------------------|
| Applicant/Recipient Name | Case Name |
| Date | Time of Interview |
| Case Number | |

LOCAL DISTRICT NAME AND ADDRESS:

You must provide proof of the eligibility factors checked. Your worker must receive this proof no later than _____. If your worker does not receive this proof, your application may be denied or your assistance may be discontinued. (If you cannot obtain these items by the above date, call _____ to find out what other forms may be used to verify your eligibility.)

| Eligibility Factor | To prove this factor, provide: ✓♦ ONE of the following | OR | ✓♦ TWO of the following (If you are applying for Food Stamp Benefits or Medical Assistance only, you need to bring only one form for each eligibility factor checked.) |
|--|--|----|---|
| <input type="checkbox"/> Identity You must prove who you are. | Photo I.D. Driver's license U.S. passport Naturalization Certificate Hospital/Doctor's Records Adoption paper | | Statement from another person Validated Social Security Number Birth/Baptismal Certificate |
| <input type="checkbox"/> Marital Status You must prove if you are married, divorced, separated, or widowed. | Marriage/Death certificates Separation agreement Divorce decree Social Security records VA records | | Statement from clergy Census records Newspaper notice Statement from another person |
| <input type="checkbox"/> Residence You must prove where you live. | Statement from landlord Current rent receipt or lease Mortgage records | | Statement from another person Current mail School records |
| <input type="checkbox"/> Household Composition/Size You must prove who is living with you. | Statement from non-relative Landlord School records | | Statements from other persons |
| <input type="checkbox"/> Age You must prove the age of each person applying for assistance, where appropriate. | Birth certificate Baptismal certificate Hospital records Adoption records Naturalization certificate Driver's license | | Insurance policy Census records School records Statement from another person Physician statement Official correspondence from SSA |
| <input type="checkbox"/> Absent Parent If the parent of any child in your home is not living with you, you must prove this | Death certificate Survivor's benefits Hospital records VA or military records Divorce papers Proof of remarriage | | Newspaper notice Insurance company records Institutional records Agency case records and burial payment files Statement from another person |

| Eligibility Factor | To prove this factor, provide one of the following: |
|--|---|
| <input type="checkbox"/> Social Security Number (For Temporary Assistance, Food Stamp Benefits and Medical Assistance-only, you do not have to provide proof of your Social Security Number (SSN) unless the SSN you give does not match with SSA's records or cannot be verified by the agency.) | Social Security Card Official correspondence from SSA A Social Security Number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance-only applicants who are pregnant. |
| <input type="checkbox"/> Citizenship or Current Alien Status - US citizens are eligible for Temporary Assistance, Food Stamps and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, Food Stamps or Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary non-immigrants are eligible only for the treatment of an emergency medical condition. | Birth certificate Baptismal certificate Hospital records U.S. passport Military service records Naturalization certificate USCIS documentation Evidence of continuous U.S. residence since prior to 1/1/72. |
| <input type="checkbox"/> Earned Income From employer | Current wage stubs Pay envelopes On letterhead, rate of pay per hour; hours worked per week; date of first pay, if new and employer's phone number Contact with employer Business records Tax records Records and related materials concerning self-employment earnings and expenses Current income tax return Current contribution check Statement from roomer, boarder, tenant Income tax records |
| <input type="checkbox"/> From self-employment | |
| <input type="checkbox"/> Income from rent or room/board | |
| <input type="checkbox"/> Unearned Income Child support | Statement from Family Court Statement from person paying support Check stubs Current award certificate Current benefit check Official correspondence with NYS Dept. of Labor Current award certificate Current benefit check Official correspondence from SSA Current award certificate Current benefit check Official correspondence from VA |
| <input type="checkbox"/> Unemployment Insurance benefits (UIB) | |
| <input type="checkbox"/> Social Security benefits (including SSI) | |
| <input type="checkbox"/> Veteran's benefits | |

| Eligibility Factor | To prove this factor, provide one of the following: |
|---|---|
| <input type="checkbox"/> Unearned Income (con't) | |
| <input type="checkbox"/> Workers' Compensation | Award Letter Check stub |
| <input type="checkbox"/> Education grants and loans | Statement from school Statement from bank Award letter |
| <input type="checkbox"/> Interest/dividends/royalties | Statement from bank or credit union Statement from broker/agent |
| <input type="checkbox"/> Private pension/annuity | |
| <input type="checkbox"/> Other | Current award letter Current benefit check Official correspondence from source of income |
| <input type="checkbox"/> Resources | Statement from household Statement from nursing home |
| <input type="checkbox"/> Bank accounts: checking, savings, retirement (IRA and Keogh) | Current bank records Current credit union records |
| <input type="checkbox"/> Stocks, bonds, certificates | Stock certificate Bonds Statement from financial institution |
| <input type="checkbox"/> Life Insurance | Insurance policy Statement from insurance company |
| <input type="checkbox"/> Burial trust or fund burial plot or funeral agreement | Bank records Burial agreement Burial plot deed Statement from funeral director |
| <input type="checkbox"/> Income tax refund or earned income tax credit (EITC) | Tax Refund Statement from tax office |
| <input type="checkbox"/> Real estate other than Residence | Deed Statement from real estate broker Appraisal/estimate of current value by broker |
| <input type="checkbox"/> Motor Vehicle | Registration (older models) Title of ownership Appraisal of current value by dealer Financing data |
| <input type="checkbox"/> Lump sum payment | Statement from source of payment |

| Eligibility Factor | To prove this factor, provide one of the following: |
|--|---|
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Shelter Expenses You must prove how much it costs you to live where you do (You may need to provide separate documentation for each item of shelter expense.) Medical Assistance does not require documentation of shelter expenses. | Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills |
| <input type="checkbox"/> Medical Bills | Copies of medical bills (paid and unpaid) |
| <input type="checkbox"/> Health Insurance If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this. | Insurance policy Insurance card Statement from provider of coverage Medicare card |
| <input type="checkbox"/> Disabled/Incapacitated /Pregnant If you or anyone living with you is sick or pregnant, you must provide proof. | Statement from medical professional verifying pregnancy and expected date of birth Statement from medical professional Proof of SSA or SSI benefits for disability or blindness |
| <input type="checkbox"/> Unpaid Bills Rent, utility | Copy of each bill showing amount owed, period of services and provider |
| <input type="checkbox"/> Referral Drug/Alcohol Treatment Program | Statement from provider of Treatment |
| <input type="checkbox"/> Employment Service | Statement from employment service |
| <input type="checkbox"/> Other Expenses/ Dependent Care Cost You must provide proof if you pay court-ordered support, child care, recurring loans, or for services of a home health aide or attendant. | Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts |
| <input type="checkbox"/> School Attendance You must prove who is in school | School records (current report card) Statement from school/ or Higher Education Institution |
| <input type="checkbox"/> Other: | |

| | | | | |
|---|---|--------------------------------|------|-------------------------|
| <input type="checkbox"/> Absent Parent Information You must provide any information you have: name, address, Social Security Number, birth date, employment | Pay Stubs Tax returns Social Security or VA records Monetary determination letters ID. cards (health insurance) Driver's license or registration | WORKER NAME | DATE | TELEPHONE NUMBER () |
| | | APPLICANT/ RECIPIENT SIGNATURE | DATE | TELEPHONE NUMBER () |