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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 90 INF-46

TO: Commissioners of
 Social Services

DIVISION: Income
 Maintenance

DATE: September 6, 1990

SUBJECT: Revision of "Emergency Assistance For Adults
 Applicant Statement" (DSS-2921A)

SUGGESTED
 DISTRIBUTION: Corrective Action Coordinators
 Staff Development Coordinators
 Income Maintenance Directors

CONTACT PERSON: Maria Eckhardt
 1-800-342-3715, extension 3-6165

ATTACHMENTS: Attachment I - DSS-2921A: "Emergency Assistance
 For Adults Applicant Statement"
 (Rev. 7/90) - not available on-line.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		397.5(m)		PASB Section XXIV-C-7	

The purpose of this release is to inform local districts that the DSS-2921A: "Emergency Assistance For Adults Applicant Statement" has been revised (copy attached).

The DSS-2921A is the mandated repayment agreement form used in the case of a lost, stolen or unreceived SSI check. It was designed as an insert to the DSS-2921/2921(NYC): "Application", and eliminated the need for the DSS-2633: "Application for Emergency Assistance for Adults". The applicant for EAA (based upon loss, theft or non-receipt of a SSI check) must sign both the DSS-2921/2921(NYC) and the DSS-2921A.

Listed below is a detailed summary of the changes to the 8/80 version which were incorporated into the current (7/90) revision:

- I. The Revision Date was changed to 7/90.
- II. The form was changed to a two-ply carbonized format to permit one copy to be given to the applicant and the other copy to be filed in the case record.

The Spanish version of this form (DSS-2921A(S)) will remain a single-ply form, but the Revision Date will also be "7/90".

Delivery of the revised DSS-2921A to the Albany Warehouse is expected in September 1990. Your district will not automatically receive copies.

In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the previous (8/80) version of the DSS-2921A until your stock is depleted, or until December 31, 1990, whichever occurs first. Reorders will be filled with the 7/90 version.

Future requests for this document should be submitted on Form WMS-47 (Rev. 9/89): "WMS Order Form" and should be sent to:

New York State Department of Social Services
Welfare Management System
PO Box 1990
Albany, New York 12201
Attention: Office of Systems Development (OSD)

Questions concerning ordering forms should be directed to the Office of Systems Development by calling 1-800-342-3715, extension 6-6223.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance