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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 93 INF-41

TO: Commissioners of
 Social Services

DIVISION: Health & Long
 Term Care

DATE: September 29, 1993

SUBJECT: Introduction of "Bank Inquiry and Clearance MA-Only"
 (DSS-4369)

SUGGESTED

DISTRIBUTION: Medical Assistance Directors
 WMS Coordinators
 Staff Development Coordinators

CONTACT PERSON: Beth Babcock, 1-800-342-3715, extension 3-1171

ATTACHMENTS: DSS-4369 - "Bank Inquiry and Clearance MA-Only"
 (not available on-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
				MARG p. 245	

The purpose of this Informational Letter is to introduce the DSS-4369 "Bank Inquiry and Clearance MA-Only" form. This form should be used when a district is determining eligibility for a Medical Assistance Only applicant/recipient and it is necessary to have a written collateral contact with a bank or other banking institution. The district should complete the appropriate areas on the form and send it directly to the bank. The bank should complete the back of the form and return it directly to the district.

The following are directions for completing the DSS-4369, beginning in the top left corner of the front page and reading from left to right.

Front Page

1. TO: District enters the name and address of the bank or banking institution.
2. FROM: District enters the name and address where the DSS-4369 should be returned.
3. Directs the bank in how to complete the form.
4. CLIENT'S NAME AND ADDRESS: District enters the applicant/recipient's name and mailing address.
5. PREVIOUS ADDRESS: District enters the applicant/recipient's previous address. All addresses for the last 30 months should be entered; if there is not enough space, enter them under "Additional Information".
6. ADDITIONAL INFORMATION: The district should enter any additional information that may be helpful to the bank. Any request for specific information should be entered here.
7. UNIT/WORKER/OFFICE, CASE NUMBER, CASE NAME: District should enter identifying information as appropriate to the district.
8. SOCIAL SERVICES REPRESENTATIVE SIGNATURE, TITLE, TELEPHONE NUMBER: District enters identifying information for the district staff requesting information from the bank.
9. DATE SIGNED: District enters the date the form is completed.

Reverse Page

1. NAME, SOCIAL SECURITY NUMBER, DATE OF BIRTH: District enters the names of all applicants/recipients for whom it is requesting information.

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2. The remaining information on the reverse side is completed by the bank/banking institution.

Attached is a sample copy of the DSS-4369 "Bank Inquiry and Clearance MA-Only". Additional copies may be ordered by completing the DSS-876, "Request for Forms and Publications" and mailing it to the address printed on the DSS-876.

Sue Kelly
Deputy Commissioner
Division of Health & Long Term Care