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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 94 INF-5

TO: Commissioners of  
 Social Services

DIVISION: Economic  
 Security

DATE: January 14, 1994

SUBJECT: Revision of Public Assistance ABEL Budget Narrative  
 (DSS-3951) (Rev. 11/93)

SUGGESTED

DISTRIBUTION: All Income Maintenance Staff  
 ABEL Liaisons  
 Staff Development Coordinators  
 Forms Coordinators

CONTACT PERSON: Call 1-800-343-8859 and ask for the following  
 individual at the indicated extension:

For PA ABEL Questions - Gene Reilly, extension  
 3-7991

For Form Questions - Bob Gullie, extension 4-6501

ATTACHMENTS: Attachment I - DSS-3951: Public Assistance Budget  
 Benefit Narrative - not available  
 on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
92 ADM-20		355.1(a)(3)		PASB	
89 INF-53		355.3(a)(1)		VI-B-all	
		358.9(b)		VI-D-all	
		387.20(b)		XII-C-all	

The purpose of this release is to introduce the revised (11/93) DSS-3951 "Public Assistance ABEL Budget Narrative".

As mandated by 88 ADM-37, upstate local districts are required to provide a copy of the appropriate printed Public Assistance ABEL Budget Narrative to a public assistance applicant or recipient whenever a copy of their public assistance ABEL budget is presented to them.

This form was revised to reflect that checks are not the only method of grant issuance.

Listed below is a detailed summary of all the changes which were incorporated into this revision:

- A. The revision date was changed to (11/93) on the face and reverse of this form.
- B. Under Section 6, the last sentence was changed to read:  
  
Next to "Semi" are the amounts which are issued, twice each month.

Delivery of the revised Public Assistance ABEL Budget Narratives to the Albany Warehouse is expected in March, 1994. Your district will not automatically receive copies.

Requests for supplies of these revised forms are to 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  
P.O. Box 1990  
Albany, New York 12201  
Attention: Office of Systems Development (OSD)

Questions concerning ordering forms should be directed to OSD by calling 1-800-343-8859 extension 6-6223.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 7/92 supplies until your stocks are depleted, or until May, 1994, whichever occurs first. Reorders of these forms will be filled with the 11/93 version.

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Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Economic Security