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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 94 INF-17

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: April 12, 1994

SUBJECT: Revision of "Employment Verification" Form
 (DSS-3707)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
 Food Stamp Directors
 Medical Assistance Directors
 WMS Coordinators
 Staff Development Coordinators
 Forms Coordinators

CONTACT PERSON: Bob Gullie
 ES/WMS Program Operations
 1-800-343-8859, extension 4-6501

ATTACHMENTS: DSS-3707: "Employment Verification" -
 not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 INF-38	93 INF-38	351.2(e)		<u>PASB</u> IV-C-2 <u>FSSB</u> V-E-1.1 <u>MARG</u> pp 63 -70 Appendix II p. 10	

The purpose of this release is to introduce the revised "Employment Verification" form (DSS-3707).

The form is designed to be mailed directly to an employer:

- o at the time of application or recertification.
- o when Public Assistance recipients begin employment or change jobs.

The revisions to the (7/93) version, which are included in the (2/94) version, are listed below:

FACE PAGE - The Revision Date was changed to (Rev.2/94).

REVERSE PAGE

1. The Revision Date was changed to (Rev.2/94).
2. At the suggestion of a local district worker, a new question (Question 5) was added that asks if the employee has disability benefits, through the company or union and if they do, what the insurance carrier's name and address is.
3. The remaining Questions were renumbered.

Delivery of the DSS-3707 to the Albany warehouse should be in June 1994. 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 existing (07/93) supply until your stock is depleted, or until September 1994, whichever occurs first.

Requests for supplies of these 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 the forms should be directed to OSD by calling 1-800-343-8859, extension 6-6223.

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