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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 94 INF-47

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: October 19, 1994

SUBJECT: Revision of Follow-Up To The Quarterly Reports
 (DSS-4310A and DSS-4310A NYC)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
 Food Stamp Directors
 Medical Assistance Directors
 Services Directors
 WMS Coordinators
 Corrective Action Coordinators
 Staff Development Coordinators
 Forms Coordinators
 CAP Coordinators

CONTACT PERSON: Bob Gullie
 1-800-343-8859, extension 4-6501

ATTACHMENTS: Attachment I - DSS-4310A: "Follow-Up to the
 Quarterly Report" (Rev. 7/94)
 (Upstate) - not available on-line
 Attachment II - DSS-4310A NYC: "Follow-Up to the
 Quarterly Report" (Rev. 7/94)
 (New York City) - not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-9 93 INF-42	93 INF-42	387.17 (d)		<u>PASB</u> V-E-4 <u>FSSB</u> XIII-A-5 <u>MARG</u> p. 8.3	

The purpose of this INF is to introduce revisions to the mandated "Follow-Up To The Quarterly Report" forms, DSS-4310A (Upstate) and DSS-4310A (NYC) (New York City). The revised Spanish versions of these forms will be available at approximately the same time.

Listed below is a summary of the changes to these forms that were incorporated into the 7/94 versions.

I. DSS-4310A (UPSTATE) AND DSS-4310A NYC (NEW YORK CITY) (ENGLISH VERSIONS)

A. FRONT

1. The Revision Date was changed to 7/94.

2. The third instruction was changed to read:

Return this form to the address on the front of the enclosed notice by the due date listed at the top of this form, or your Public Assistance, Medical Assistance and Food Stamp case may be closed.

3. In the fifth instruction, the "IMPORTANT" section was changed to read:

IMPORTANT - You must sign and date the back of this form. If you do not, this form is not complete.

4. The second sentence in the "REMINDER" section of the fifth instruction, was changed to read:

For Food Stamps you do not need to report changes at any time other than on the Quarterly Report or at recertification, whichever occurs first.

5. In Question 1, the second line was changed to read:

IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE INCOME, DESCRIBE IN THE BOX BELOW:

6. In the Question 1 "income boxes" 5 weekly columns were added to record a month's worth of income. These columns were placed directly below the following heading:

HOW MUCH (before taxes)
List All Income For Each Week
If month has five pay weeks list income in Week 5

7. In Question 1, the first sentence of the Public Assistance and Food Stamp qualifier was made into two separate sentences. The two sentences read as follows:

If you have not already done so, send in pay stubs or proof of other income for each time it was received for the report month. The report month is the third month listed above in the "Report Quarter".

B. REVERSE

1. The Revision Date was changed to 7/94.

2. The following sentence, at the top of the page, was bolded:

Also, send proof of child care costs for each time you were charged during the same period. If you do not provide this, you may lose the child care deduction/allowance that we give you.

3. The Child Assistance Program information at the end of Question 1 in the UPSTATE VERSION (DSS-4310A) was changed to read:

For the Child Assistance Program: Send proof of earnings, other income and child care costs for all three months listed on the front of this form as "Report Quarter".

This revised Child Assistance Program information was also added to the NEW YORK CITY VERSION (DSS-4310A NYC) for the first time because the Child Assistance Program is now being piloted in New York City.

4. In the first sentence of the "CERTIFICATION" section, the words, "PA benefits" were changed to "Public Assistance benefits".

5. The second sentence in the second paragraph of the "CERTIFICATION" section was made into two separate sentences with the following wording:

For my Food Stamp case I must report changes on the Quarterly Report and at recertification, whichever occurs first. I may also report changes at any other time.

6. The "IMPORTANT" note at the bottom of the page was changed to read:

IMPORTANT - YOU MUST SIGN AND DATE THIS FORM. IF YOU DO NOT, THIS FORM IS NOT COMPLETE.

II. DSS-4310A-S (UPSTATE) (SPANISH VERSION)

The Spanish upstate version of the DSS-4310A is not printed, but a clear master copy will be available to those districts who may need to photocopy it.

III. DSS-4310A-S NYC (NEW YORK CITY) (SPANISH VERSION)

The Spanish New York City version of DSS-4310A is printed.

The new 7/94 versions of DSS-4310A, DSS-4310A NYC and DSS-4310A-S NYC are expected to be delivered to the Upstate (Albany) Warehouse and HRA (New York City) Warehouse at the end of October, 1994. Distribution of the upstate form (DSS-4310A) to the local districts will begin upon receipt of the forms in Albany.

Your district will automatically receive supplies of these forms based on previous ordering practices. The existing (5/93) version of DSS-4310A is made obsolete by the new versions, and all existing copies of the old versions must be destroyed once shipments of the new forms have been received. The same applies to the Spanish version.

Future requests for the DSS-4310A (Upstate), the Spanish Board for DSS-4310A-S (Upstate), the DSS-4310A NYC (New York City) and the Spanish printed form DSS-4310A-S NYC (New York City) 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 Customer Support Services (OCSS)

Questions concerning ordering forms should be directed to the Office of Customer Support Services by calling 1-800-343-8859, extension 6-6223.

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