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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 95 INF-53

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: December 19, 1995

SUBJECT: Revision of DSS-3087: "Application/Recertification
 Guide Dog Food Program" Form, and DSS-3097:
 "Recertification Cover Letter For DSS-3087"

SUGGESTED

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

CONTACT PERSON: Tom McGraw
 IM/WMS Program Operations, at 1-800-343-8859,
 extension 6-5123 (73U013)

ATTACHMENTS: DSS-3087 (Rev. 6/95): "Application/Recertification
 Guide Dog Food Program" - not available on-line

DSS-3097 (Rev. 6/95): Cover Letter for DSS-3087 - not
 available on line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other	Manual Ref.	Misc. Ref.
87 ADM-5		397.10		PASB: XXIV-B	
				FSSB: XII-G-6	

The purpose of this release is to introduce the revised DSS-3087 (6/95), "Application/Recertification Guide Dog Food Program" (copy attached) and the revised DSS-3097 (6/95), the cover letter for the Guide Dog Food Program (copy attached).

Grants of Assistance For Guide Dogs (GAGD) are provided to eligible blind, hearing impaired, or disabled persons who maintain guide/service dogs and meet eligibility criteria. Eligibility is determined based on information contained in the application/recertification form, the DSS-3087. This form is also used for the six month recertifications mandated by the program.

DSS-3097, the cover letter for the DSS-3087, should be superimposed with each local district's letterhead and must accompany the "Application/Recertification Guide Dog Food Program" form (DSS-3087) when it is sent to clients.

Below are changes to the DSS-3087 and the DSS-3097 which were incorporated into the 6/95 version of the two forms.

I. REVISIONS TO DSS-3087: "APPLICATION/RECERTIFICATION GUIDE DOG FOOD PROGRAM"

- A. The revision date was changed to 6/95.
- B. The toll-free number at the top of the page was changed from (800) 342-3715 to (800) 343-8859, extension 4-1559.

II. REVISIONS TO DSS-3097: "RECERTIFICATION COVER LETTER FOR DSS-3087":

- A. The revision date was changed to 6/95.
- B. The term "monthly check" is used twice in the text - once in the first paragraph, and once in the second paragraph. This phrase was replaced by the word "benefit" in the first paragraph, and the word "benefits" in the second paragraph.
- C. The toll-free number was changed from (800) 342-3715 to (800) 343-8859, extension 4-1559.

Local districts will not automatically receive copies of these forms. In order to ensure that usage of the revised forms begins right away, local districts should photocopy the attached forms and immediately order new supplies. Requests for supplies of these revised forms should be submitted on Form WMS-47 (Rev. 9/89): "WMS Order Form", and should be sent to:

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New York State Department of Social Services
Welfare Management System
P.O. Box 1990
Albany, New York 12243

Attention: Office of Customer Support Services (OCSS)

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

Patricia A. Stevens
Deputy Commissioner
Division of Economic Security