+			•	TGION: Mana	aomont
TO: Commissioners of Social Services		ΔIV	Qual	ort and	
			DAT	E: June 4,	1997
	Procedure fo Gquivalent		Approval of Lo	cal	
SUGGESTED	   Lega	Legal Counsel			
DISTRIBUTIC CONTACT PERSON ATTACHMENTS	Sta:   Cor:   Inco   Food   Med:   Ser   CAP   IV-1 [ ] IV-1 [ ] IV-1 [ ] Ser   Ser   Ser   Ser   Se	eau of Forms a -473-3099, USE	Coordinators Coordinators e Directors ors e Directors s ogram/Forms Co nd Print Manag		
		FILING R	EFERENCES		
Previous   ADMs/INFs   	Releases Cancelled		Soc. Serv.  Law & Other  Legal Ref.	Manual Ref.	Misc.   
89 INF-53 ¦	89 INF-5	3   300.6   320		<u>LDMG</u> , Sec   12, pp. 1	

Date June 4, 1997

Trans. No. 97 ADM-13

## I. PURPOSE

The purpose of this directive is to introduce updated and simplified procedures for obtaining approval for the use of local equivalent forms in place of Department-mandated forms. These procedures supersede those currently contained in Section 12.3 of the Local District Manager's Guide. By making the steps required for approval less cumbersome, we hope to encourage the submission of locally-developed forms for review and approval.

## II. BACKGROUND

Local equivalent forms are forms developed by local districts which are designed to be used in place of State-mandated forms. Local equivalent forms must contain all of the information required on the State-mandated forms, but may also contain additional information required for the local district's own purposes. Local equivalents may differ in format as well as media from the mandated forms.

Districts develop local equivalent forms for many reasons. These include producing forms to accommodate sight-impaired workers, producing different sized forms which better fit in local case folders, producing forms which have the agency address preprinted, and producing electronic forms to be used in place of hard copy forms.

The goal of the local equivalent form approval process is to guarantee that districts are using forms which are legally, programmatically and systemically accurate and up-to-date.

# III. REQUIRED ACTION

In order to guarantee that all local equivalent form requests are correctly processed by this Department, all requests should be submitted only to the Bureau of Forms and Print Management as outlined below. Requests submitted directly to program organizations, under Department Regulation 300.6 or through any other means, will be forwarded to the Bureau of Forms and Print Management, and an approval may be delayed.

Approval is required whenever a local equivalent version of a new or revised Department-mandated form is proposed.

- 1. The request for approval should contain the following information:
  - a. The number and title of the Department form for which the proposed local equivalent will substitute;

Trans. No. 97 ADM-13

b. A sample of the proposed local equivalent with the additional information being added by the district highlighted. The sample should show the district-assigned form number, and the Department form number, as follows:

XYZ-2001 (10/96) DSS-5000 LE

- c. A statement of why the proposed local equivalent is needed. This should include an explanation of how the proposed local equivalent will better meet the district's needs.
- d. The proposed implementation or effective date.
- 2. The request for approval should be submitted to:

Program/ Forms Coordinator Bureau of Forms and Print Management New York State Department of Social Services 67 North Pearl Street Albany, New York 12207

#### IV. ADDITIONAL INFORMATION

- Approval is not required for equivalent forms to non-mandated ("recommended") state-provided forms.
- o Local electronic forms identical to state-printed or state electronic forms must be approved as local equivalent forms.
- Expenses associated with the production and printing of local equivalents to state-provided forms are the responsibility of the local district.
- Appropriate sections of the Local District Manager's Guide are being revised to reflect the procedures outlined above.
- While there is no formal mechanism for a rush approval, districts should indicate in the request letter when there is urgency.
  Every effort will be made to expedite the approval process.

## V. EFFECTIVE DATE

This ADM is effective June 15, 1997.

David P. Avenius Deputy Commissioner, Management Support and Quality Improvement