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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 97 INF-11

TO: Commissioners of  
 Social Services

DIVISION: Temporary  
 Assistance

DATE: September 3, 1997

SUBJECT: Revision of "Notice of Responsibilities and Rights  
 for Support" (DSS-4279)

SUGGESTED

DISTRIBUTION: Public Assistance Staff  
 Food Stamp Staff  
 CSEU Staff  
 SCU Staff  
 CAP Coordinators  
 Medical Assistance Staff  
 Forms Coordinators  
 Staff Development Coordinators

CONTACT PERSON: Bob Gullie (User ID:AV1060)  
 1-800-343-8859, extension 4-6055

ATTACHMENTS: Attachment - Revised DSS-4279: "Notice of  
 Responsibilities and Rights for  
 Support" (Rev. 2/97) -  
 (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-40	94 INF-2	347.5(a)	SSL 101	PASB	
91 ADM-40		347.8	111	VIII-T-1-	
94 INF-2		347.10	132-a	All	
		347.17	158	IX-C-1-10	
		351.2(e)	348	FSSB	
		352.14(a)(1)	349-b	XII-C-1,	
		369.2(b)	366(2)	XII-G-1 & 2	
		370.2(c)(3)	FCA 413	CSEM	
		370.2(d)(8)	DRL 240	Vol. 1	

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The purpose of this release is to introduce revisions to the DSS-4279: "Notice of Responsibilities and Rights for Support" (Rev. 2/97) and its Spanish version (DSS-4279-S). The primary reason for the revisions to this form was to honor a request from a local district to reverse the order of choices for claiming good cause because the vast majority of clients inadvertently check the first choice, and they do not really wish to claim good cause.

The changes to this form are outlined below:

I. Front

- A. The Revision Date was changed to "2/97".
- B. "Your Rights If You Do Not Cooperate" Section

The choices for claiming good cause were reversed at the bottom of the page, in "Your Rights If You Do Not Cooperate" section, to read:

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+-+ I can cooperate in pursuing child support without exposing my children or myself to physical or emotional harm.

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+-+ I cannot pursue child support without exposing my children or myself to physical or emotional harm.

II. Reverse

- A. The Revision Date was changed to "2/97".
- C. The introductory paragraph of the "Father's Rights When Paternity Is Established In Court" section was changed to read:

When a court has established who is the father of a child, or when a mother and father acknowledge that he is the child's father by signing an Acknowledgment of Paternity form immediately before or anytime after the child is born, the father may ask to:

Districts must continue to give and explain the DSS-4279 (Rev. 2/97) to each Public Assistance (PA) and Medical Assistance (MA) applicant and recipient when a referral to the Child Support Enforcement Unit (CSEU) for paternity establishment and/or child support is required. If an applicant/recipient indicates on the DSS-4279 (Rev. 2/97) that good cause for refusing to cooperate is claimed, district staff must determine whether good cause exists using the procedures described in PASB VIII-T-1.13-1.18.

The following is an explanation of the delivery schedule for the new English and Spanish forms:

I. Upstate Districts

- A. Delivery of the 2/97 English version of the DSS-4279 to the Albany Warehouse should be in September 1997. Your district will not automatically receive supplies.
- B. A clear photocopied master of the revised 2/97 Spanish version (DSS-4279-S) is available and can be ordered by any district which requires Spanish forms. The district must then reproduce the form locally.

II. New York City

- A. Delivery of the 2/97 English version of the DSS-4279 to the NYC/HRA Warehouse should be in September 1997.
- B. Delivery of the 2/97 Spanish version of the DSS-4279 (DSS-4279-S) to the NYC/HRA Warehouse should be in September 1997.

In order to ensure that usage of the revised forms begins within a reasonable amount of time, you may continue to use the existing (4/94) versions of these forms until your stock is depleted, or until December, 1997, whichever occurs first.

Requests for the 2/97 version of the DSS-4279 should be submitted on Form DSS-876 (Rev. 2/96): "Request for Forms or Publications", and should be sent to:

New York State Department of Social Services  
Bureau of Forms and Print Management  
P.O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to the Bureau of Forms and Print Management by calling 1-800-343-8859, ext. 4-2702.

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Patricia A. Stevens  
Deputy Commissioner  
Division of Temporary Assistance