

-----  
INFORMATIONAL LETTER

TRANSMITTAL: 99 INF-12

TO: Commissioners of  
 Social Services

DIVISION: Temporary  
 Assistance

SUBJECT: Revision of the Quarterly Report (DSS-4310) and the  
 Follow-Up to the Quarterly Report (DSS-4310A) and  
 (DSS-4310A NYC)

DATE: July 09, 1999

SUGGESTED

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

CONTACT PERSON: Program Questions:  
 Region I-(518) 473-0332; Region II-(518) 474-9344;  
 Region III-(518) 474-9307; Region IV-(518) 474-9300;  
 Region V-(518) 473-1469; Region VI-(212) 383-1658  
 Forms Questions:  
 Bob Gullie, DTA/New Technology  
 1-800-343-8859, extension 4-6055 (AV1060)

ATTACHMENTS: Attachment I - DSS-4310: "Quarterly Report" (3/98) -  
 not available on-line  
 Attachment II - DSS-4310A: "Follow-Up to the Quarterly  
 Report (3/98)  
 not available on-line  
 Attachment III - DSS-4310A NYC: "Follow-Up to the  
 Quarterly Report" (3/98)  
 (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	95 INF-51	387.17 (d)		PASB	92 LCM-175;
94 INF-13	94 INF-13			V-E-4	GIS 93 ES/ DC003;
94 INF-47	94 INF-47			FSSB	ES/DC005;
95 INF-19				XIII-A-5	ES/DC008 and GIS 96
95 INF-51				MARG	TA/DC045
				p. 8.3	

I. PURPOSE

The purpose of this release is to introduce the revised mandated forms used for the Quarterly Reporting process:

DSS-4310: "Quarterly Report"  
DSS-4310A: "Follow-Up to the Quarterly Report" (Upstate)  
DSS-4310A NYC: "Follow-Up to the Quarterly Report" (NYC)

The forms were primarily revised to:

- o change "Medical Assistance" program references to "Medicaid"
- o require additional proof for applicant/recipients who are sponsored aliens and determine if an applicant/recipient has health insurance coverage.

II. WHO IS SUBJECT TO QUARTERLY REPORTING

All Public Assistance (PA), including Child Assistance Program (CAP) cases, and Non-Public Assistance/Food Stamp (NPA/FS) cases with earned income are subject to the Quarterly Reporting process except for:

Public Assistance

TEAP cases

Food Stamps

NPA/FS cases with SSI income  
NPA/FS seasonal and migrant households  
PA/FS migrant households  
NPA/FS self-employed individuals budgeted on an annualized basis  
NPA/FS individuals who reside in group living arrangements  
FS/Mixed households where the only earned income belongs to the NPA member.

III. REVISIONS TO THE FORMS USED FOR THE QUARTERLY REPORTING PROCESS

The revisions to the Quarterly Reporting process forms and their Spanish versions are listed below:

A. DSS-4310: "QUARTERLY REPORT"

1. GENERAL - The Revision Date on every PLY was changed to 3/98.

2. PLY 2 (FRONT) -

- a. In General Instruction 1, the "Medical Assistance" program references were changed to "Medicaid".

b. In General Instruction 3, the "Medical Assistance" program reference was changed to "Medicaid".

c. In the "Reminder" section, the words "and/or Medicaid" were added after "Public Assistance".

3. PLY 3 (FRONT) -

a. Above the top left box, the "Medical Assistance" program reference was changed to "Medicaid".

b. In the top left box, the "Medical Assistance" program reference was changed to "Medicaid"

c. Under the top right box, first paragraph, a program reference to "Medicaid" was added after "Public Assistance.

d. Under the top right box, second paragraph, the instruction was changed to read:

Also, send information/proof of the following.

e. At the end of the first bullet, the words, "but which were not reimbursed" was added.

f. The following new bullets 4 and 5 were added:

o If anyone in the household is an alien with a sponsor, send in the sponsor's name, income and resources.

o If you have any health insurance coverage, send in the name of the company and policy number.

4. PLY 3 (REVERSE) -

a. In the "Warning" section, the "Medical Assistance" program reference was changed to "Medicaid".

b. In the "Certification" section, the "Medical Assistance" program references were changed to "Medicaid".

c. In the paragraph under the "Certification" section, Medical Assistance was changed to "and/or Medicaid" after "Public Assistance".

B. DSS-4310A: "FOLLOW-UP TO THE QUARTERLY REPORT" (UPSTATE) and DSS-4310A NYC: "FOLLOW-UP TO THE QUARTERLY REPORT" (New York City)

1. GENERAL - The Revision Date on the FRONT and REVERSE were changed to 3/98.

2. FRONT -

- a. In General Instruction 1, the "Medical Assistance" program references were changed to "Medicaid".
- b. In General Instruction 3, the "Medical Assistance" program reference was changed to "Medicaid".
- c. In the "Reminder" section, the words "and/or Medicaid" were added after "Public Assistance".
- d. The title for the last paragraph in QUESTION 1 at the bottom of the page was changed to read:

FOR PUBLIC ASSISTANCE, MEDICAID AND FOOD STAMPS:

2. REVERSE -

- a. The introductory phrase at the top of the page was changed to read:

Also, send information/proof of the following:

- b. The first bullet at the top of the page was changed to read, "Child care COSTS you were charged during the report month but which were not reimbursed.
- c. The following new bullets 4 and 5 were added:
  - o If anyone in the household is an alien with a sponsor, send in the sponsor's name, income and resources.
  - o If you have any health insurance coverage, send in the name of the company and policy number.
- d. In the "Warning" section at the bottom of the page, the "Medical Assistance" program reference was changed to "Medicaid".
- e. In the "Certification" section at the bottom of the page, the "Medical Assistance" program references were changed to "Medicaid".

IV. DISTRIBUTION OF QUARTERLY REPORTING PROCESS FORMS

A. DSS-4310 "QUARTERLY REPORT"

The printed 3/98 Quarterly Report (DSS-4310) was delivered to the Upstate (Albany) warehouse in June, 1998 and was first used for the June, 1998 production run. In those limited instances where your district manually uses the DSS-4310, be sure to order the revised 3/98 version. Upon receipt of the revised 3/98 form, all previous versions should be destroyed.

- B. DSS-4310A "FOLLOW-UP TO THE QUARTERLY REPORT" (UPSTATE)  
DSS-4310A NYC "FOLLOW-UP TO THE QUARTERLY REPORT" (NEW YORK CITY)  
DSS-4310A-S NYC "FOLLOW-UP TO THE QUARTERLY REPORT" (NYC) (SPANISH)

The revised 3/98 versions of the Follow-Up to the Quarterly Report, (DSS-4310A, DSS-4310A NYC and DSS-4310A-S NYC) were delivered to the Upstate (Albany) Warehouse and HRA (New York City) Warehouse in late October, 1998. Distribution of the Upstate form (DSS-4310A) to the local districts began upon receipt of the forms in Albany.

Your district will automatically receive supplies of the Follow-Up to the Quarterly Report forms based on previous ordering practices. The existing (4/97) versions of the DSS-4310A, DSS-4310A NYC and DSS-4310A-S NYC are 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.

- C. DSS-4310A-S: "FOLLOW-UP TO THE QUARTERLY REPORT" (UPSTATE) (SPANISH VERSION) (CAMERA READY COPY)

The Spanish upstate version of the DSS-4310A is not printed, but a clear, 3/98 master copy will be available to those districts who may need to photocopy it.

V. IF ADDITIONAL SUPPLIES OF THE QUARTERLY REPORTING PROCESS FORMS ARE NEEDED

Future requests for the DSS-4310, DSS-4310A (Upstate), the Spanish master copy 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 DSS-876 (Rev. 2/96): "Request for Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, New York 12201  
Attention: Document Supply Control & Distribution

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, extension 6-6223.

---

Patricia A. Stevens  
Deputy Commissioner  
Division of Temporary Assistance