

INFORMATIONAL LETTER

TRANSMITTAL: 00 INF-1

TO: Commissioners of
Social Services

DIVISION: Temporary
Assistance

DATE: January 10, 2000

SUBJECT: Revision of Mandatory Client Notice "Repayment of
Interim Assistance Notice" (LDSS-2425)

SUGGESTED

DISTRIBUTION: Directors of Temporary Assistance
Directors of Food Stamps
Directors of Medical Assistance
Directors of Quality Assurance and Audit
CAP Coordinators
Forms Coordinators
Staff Development Coordinators

CONTACT PERSON:

Program Questions:

Eastern Region - (518) 473-1469
Central Region - (518) 474-9344
Western Region - (518) 473-0332
Metro Region - (212) 383-1658

Forms Questions:

Bob Gullie, DTA/Information Analysis & Technology Team
1-800-343-8859, extension 4-6055 (AV1060)

ATTACHMENTS:

Attachment I - Filing References (available on-line)
Attachment II - LDSS-2425: "Repayment of Interim
Assistance Notice" (Rev. 7/99) (not available
on-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref	Misc. Ref.
See Attach- ment I		See Attach- ment I	See Attach- ment I	See Attach- ment I	See Attach- ment I

This is to notify local districts that the mandatory client notice LDSS-2425: "Repayment of Interim Assistance Notice" has been revised.

The following are the 7/99 revisions that have been made to this form:

- I. **General** - The revision date was changed to 7/99 on both the Front and Reverse of the form
- II. **Front**
 - A. In the "Dear Sir/Madam" section all references to "Public Assistance" have been changed to "Safety Net Assistance and other payments furnished to you with State and local funds for your basic needs".
 - B. The Header on the Calculation Chart was changed to read:

Safety Net Assistance and Other Payments for basic needs calculation
 - C. All references to "1900" have been changed to "2000"
 - D. The regulatory reference was changed to:

Section 1631(g) of the Social Security Act (42 U.S. Code 1383[g])
 - E. The second header, in the chart at the bottom of the page, was changed to read:

Less: Amount of Safety Net Assistance Benefits and Other Payments For Basic Needs
 - F. The footer at the bottom of the page about the requirement to notify the Department of any changes was removed because this notice is sent to former recipients who are now on SSI.
- III. **Reverse:**
 - A. The address to write for a fair hearing was changed from the "Fair Hearing Section, New York State Department of Social Services" to the "Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance".
 - B. The chart outlining the time limits to request a fair hearing was deleted and replaced with the following wording:

You have 60 days from the date of this notice to request a fair hearing.
 - C. The "Access to Records/Information" section was updated and split into two sections entitled, "Access to Your File and Copies of Documents" and "Information".

Delivery of the revised LDSS-2425 to the Albany Warehouse is expected at the end of March 2000. Your district will **not** automatically receive copies.

As explained in 89 LCM-155, clear photocopied masters of the revised **Spanish** version will be available to each district needing Spanish notices. Districts will then reproduce the forms locally.

The restrictions on local equivalent notices contained on pages 10-11 of 89 ADM-21 continue to apply. Any request for approval of local equivalent notices with format changes must be submitted in accordance with the procedures described in 89 INF-53 and pages 12-1 through 12-5 of the Local District Manager's Guide.

In order to ensure that usage of the revised forms begins within a reasonable amount of time, you may continue to use the existing (8/94) forms until your stock is depleted, or until December 1999, whichever occurs first.

Requests for the LDSS-2425 (Rev. 7/99) should be submitted on OTDA-876 (Rev. 6/98): "Request For Forms or Publications" form , 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

Attachment I

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21	94 INF-44	350.5,351.22	SSL 22	FSSB	GIS 89
89 ADM-8		351.23	SSL 366-a	Section	MA007
89 ADM-6		352.31(d)		VI-A,B	
88 ADM-4		355,358-3.3,		VII-all	
87 ADM-4		359,360-2.4,		XV-C	89 LCM-155
86 ADM-10		2.5,2.6,6.4			89 LCM-22
86 ADM-7		7.5		PASB	
85 ADM-45		369.6		Section	
85 ADM-17		387.19		VI-all	
82 ADM-55		387.20		IX-I-7	
81 ADM-55		505.14(b)(5)			
80 ADM-90		(v),(viii),			
94 INF-44		(x)			
93 INF-45		385.3		Local	
92 INF-46		385.14		District	
92 INF-34				Manager's	
90 INF-57				Guide	
89 INF-53				pp. 12-1	
88 INF-83				through	
88 INF-28				12-5	