

INFORMATIONAL LETTER

TRANSMITTAL: 00 INF-2

TO: Commissioners of
Social Services

DIVISION: Temporary Assistance

DATE: January 12, 2000

SUBJECT: Child Support Cooperation: Questions and Answers

SUGGESTED

DISTRIBUTION: Temporary Assistance Directors
CAP Coordinators
Medicaid Directors
Services Directors
Foster Care Supervisors
Child Care Unit Supervisors
Child Support Enforcement Unit Coordinators
Support Collection Unit Supervisors
Staff Development Coordinators

CONTACT PERSON: **Temporary Assistance and Food Stamps:** Your Regional Team Representative at 1-800-343-8859: Western Region - extension 3-0332; Central Region - 4-9344; Eastern Region - 3-1469; Metro Region - (212) 383-1658
Child Support: Your County Representative Outside of New York City at 1-800-343-8859; New York City at 1-212-383-1685
Medicaid: Your Local District Liaison at 518-474-9130 for Upstate and at 212-613-4330 for New York City
Foster Care: Michelle Rafael at (518) 474-4352
Child Care: Anne Ball at (518) 474-3775

ATTACHMENTS: 99 ADM-5 Errata Sheet (Available on-line)
Questions and Answers (Not available on-line)

FILING REFERENCES

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|-----------------------|-----------------------|-------------|---|-------------|------------|
| 99 ADM-5 | | | | | |

During regional training meetings and a teleconference on child support cooperation, and subsequent to the release of 99 ADM-5, numerous questions were asked which should be of interest to all districts. Please share these questions and answers with your Child Support Enforcement Unit (CSEU), Temporary Assistance (TA), Medicaid, Child Care Services (CC), Foster Care Services (FC) and Staff Development workers.

In addition to the questions and answers, please distribute the enclosed errata sheet for 99 ADM-5.

Thank you for your continued efforts to improve client cooperation with child support enforcement.

Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance

Attachment A

RE: ADMINISTRATIVE DIRECTIVE

SUBJECT: Child Support

TRANSMITTAL NUMBER: 99 ADM-5

DATE: June 30, 1999

Please make the following pen and ink changes to the above referenced transmittal. Thank you.

1. On page 7, section V.A.2.f, second sentence, change "is" to "if", and change "and" to "is".
2. On page 10, section V.B.1.b.(4), first paragraph, insert "Non-TANF funded" before "Safety Net Assistance (SNA)" in the second full sentence on page 10. In the last sentence of this paragraph, insert "Non-TANF funded" before "SNA".
3. On page 28, section V.C.2.c, first sentence, delete the comma at the end of the second line and, on the third line, delete "upon request,".