

INFORMATIONAL LETTER

TRANSMITTAL: 00 INF-5

TO: Commissioners of
Social Services

DIVISION: Temporary
Assistance

DATE: March 10, 2000

SUBJECT: LDSS-3343: "Quarterly Roster of Good Cause Claims"

SUGGESTED

DISTRIBUTION: Temporary Assistance Directors
Food Stamp Directors
Medical Assistance Directors
CAP Coordinators
Services Coordinators
Forms Coordinators
Staff Development Coordinators

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

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

ATTACHMENTS: LDSS-3343:"Quarterly Roster of Good Cause Claims"
(Rev.01/00) (not available on-line)

FILING REFERENCES

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

The purpose of this Informational Letter is to introduce the revised LDSS-3343: "Quarterly Roster of Good Cause Claims" (Rev.01/00)(copy attached) and the new instructions for submitting this report.

Districts were reminded, in 99 ADM-5, to submit quarterly lists of Temporary Assistance (TA) applicants and recipients who claim good cause for refusal to cooperate with child support requirements, and to indicate determinations made with respect to the claims. The form for reporting good cause claims, LDSS-3343: "Quarterly Roster of Good Cause Claims" (Rev.01/00), has been revised to include new TA case categories and century.

Please also note that there is a new address to which completed reports should be sent. Completed "Quarterly Rosters of Good Cause Claims" should now be sent to:

**New York State Office of Temporary and Disability Assistance
Division of Temporary Assistance
Central Region
40 North Pearl Street
Albany, New York 12243-0001**

Delivery of the revised LDSS-3343 to the Albany Warehouse is expected at the end of April 2000. Your district will not automatically receive copies.

In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the existing (4/81) forms until your stock is depleted, or until June 2000, whichever occurs first.

Requests for the LDSS-3343 (Rev. 01/00) 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