



**George E. Pataki**  
Governor

**NEW YORK STATE**  
**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**Brian J. Wing**  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	01 INF 24
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	November 19, 2001
<b>Subject:</b>	Obsolete Form DSS-632: "Consent for Verification of Information"
<b>Suggested Distribution:</b>	Temporary Assistance Staff Food Stamp Staff Medicaid Directors Employment Coordinators WMS Coodinators Staff Development Coordinators
<b>Contact Person(s):</b>	Bob Gullie 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 WMS Questions- (518) 474-8749
<b>Attachments:</b>	Attachment - Obsolete form, DSS-632-Consent for Verification of Information (Rev.3/86)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

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

### Section 2

#### I. Purpose

The purpose of this release is to notify local districts that the following **form is now obsolete**:

**DSS-632: Consent for Verification of Information (Rev.3/86)**

## **II. Background**

Prior to the introduction of the “Consent” section on the DSS-2921: “Common Application” and DSS-3174: “Common Recertification Application” forms, the DSS-632 was developed to obtain permission from applicants, for an investigation to determine their initial and continued Temporary Assistance eligibility.

## **III. Program Implications**

Since the “Consent” language on the Common Application and Common Recertification Application form fulfills any consent requirements, the DSS-632: “Consent for Verification of Information” is an unnecessary form and is “obsolete”.

Any remaining supplies of this form should be destroyed.

### **Issued By**

**Name: Patricia A. Stevens**

**Title: Deputy Commissioner**

**Division/Office: Division of Temporary Assistance**

## CONSENT FOR VERIFICATION OF INFORMATION

NEW YORK STATE

DEPARTMENT OF SOCIAL SERVICES

NAME OF APPLICANT OR RECIPIENT	SOCIAL SERVICES DISTRICT	DATE
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I, the undersigned, hereby give my consent to the above identified Department of Social Services to verify information relating to my eligibility for public assistance and care, food stamps and other benefits under the Social Services Law, as follows:

Yo, el abajo firmante, por este medio doy mi consentimiento al Departamento de Servicios Sociales identificado arriba para que verifique información relacionada a mi elegibilidad para la Asistencia Pública y cuidado, cupones de alimentos y otros beneficios bajo la Ley de Servicios Sociales de la manera siguiente:

NAMES OF SPECIFIC SOURCES FOR CONTACT NOMBRES DE FUENTES ESPECIFICAS PARA COMUNICARSE

X _____ Signature of Applicant or Recipient Firma del Solicitante o Beneficiario	_____ Date Fecha
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*If signed with an X a witness other than the caseworker or Department representative should be obtained.*

X _____ Signature of Witness Firma del Testigo	_____ Date Fecha
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X  
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