



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

Transmittal:	02 INF 32
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	October 28, 2002
Subject:	Revision of the "Employment Verification" form (LDSS-3707) (Rev. 4/01)
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: 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) 383-1454 WMS Questions: (518) 474-8749
Attachments:	Attachment -LDSS-3707: "Employment Verification" Form (Rev.4/01)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
94 INF-17	94 INF-17	351.2 (e)		PASB IV-C-2 FSSB V-E-1.1 MARG pp 63-70 Appendix II p. 10	

Section 2

I. Purpose

The purpose of this release is to introduce the revised 4/01 version of the "Employment Verification" form (LDSS-3707).

II. Background

The form was designed to be mailed directly to an employer:

- At the time of application or recertification.
- When Temporary Assistance recipients begin employment or change jobs.

III. Revisions

The revisions to the (2/94) version, which are included in the (4/01) version, are listed below:

A. Face Page

1. The form number was changed from DSS-3707 to LDSS-3707
2. The revision date was changed to (Rev.4/01).
3. The "N.Y.S. Department of Social Services" reference was changed to "N.Y.S. Office of Temporary and Disability Assistance".
4. The "EITC*" references were changed to "EIC*".
5. The "* Earned Income Tax Credit" reference was changed to "* Earned Income Credit".

B. Reverse Page - The Revision Date was changed to (Rev.4/01).

IV. Additional Information

Forms Requests

Your district **will not** automatically receive copies of the revised forms.

Any reorders of these forms will be filled with 4/01 versions.

Requests for the LDSS-3707 (Rev. 4/01) should be submitted on Form OTDA-876 (Rev. 6/98): "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

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, ext. 2-0159.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance