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Commissioner

Informational Letter

Section 1

Transmittal:	OTDA 03 INF 21
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	May 5, 2003
Subject:	Obsolescence of form, DSS-3666: "Documentation/Verification Desk Aid"
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) 383-1658 WMS Questions: (518) 474-8749
Attachments:	Attachment - DSS-3666: "Documentation/Verification Desk Aid" (Rev.6/99)
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.
85 ADM-38 88 INF-74		351.6 360-2.1, 2.2 387.8		PASB	III-H-2 iv-29.2 to iv-29.2 FSSB V-E-1-all V-E-2-all V-E-3-all V-E-4-all v-7.1 to v-7.2

Section 2

I. Purpose

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

DSS-3666: "Documentation/Verification Desk Aid" (Rev.6/99).

II. Background

The DSS-3666: "Documentation/Verification Desk Aid" was originally developed to provide local district eligibility workers with a listing of suggested documentation sources required to verify and/or document required case record information.

Because all of the suggested documentation listed on the DSS-3666 is also listed on the LDSS-2642: "Documentation Requirements" form, the DSS-3666 will no longer be printed.

III. Program Implications

In all instances where the DSS-3666: "Documentation/Verification Desk Aid" was used, the LDSS-2642: "Documentation Requirements" should now be utilized for that same function.

Effective immediately, the DSS-3666: "Documentation/Verification Desk Aid" (Rev.6/99) is obsolete.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