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OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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Robert Doar
Acting Commissioner

Informational Letter

Section 1

Transmittal:	04-INF-02
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	February 6, 2004
Subject:	Revision of DSS-2642: "Documentation Requirements"
Suggested Distribution:	Temporary Assistance Directors Food Stamp Benefits Directors HEAP Coordinators Medicaid Directors Employment Coordinators CAP Coordinators TOP Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859, Extension 6-1095 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:	LDSS-2642 : Documentation Requirments (Rev.12/03)
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.
93 ADM-20 02 INF-7 91 INF-42		351.6 387.8(c) 360-2.2		PASBiv-29.1 to iv- 31.19 FSSb V-EV-7.1 to 9.19 MARGII Appendix 3-23	90 LCM-93 GIS Message 89 IM/DC017

Section 2

I. Purpose

The purpose of this release is two fold:

1. To inform local districts that the DSS-2642: Documentation Requirements has been revised. (copy attached)
2. To remind local districts that 93 ADM-20 mandated the use of this form for each Temporary Assistance and Food Stamp Benefits case in which the applicant or recipient is being asked to provide proof of an eligibility factor.

II. Background

The LDSS-2642 is used to inform an applicant or recipient that proof of all eligibility factors must be received by a local district before an eligibility decision can be rendered. It is designed so that an eligibility worker can check off those factors, which need to be verified, provide a list of items, which are acceptable as verification of those factors and indicate the date by which the outstanding item must be received. The carbonized copy of the form should be filed in the applicant/recipient's case record for reference purposes.

III. Revisions:

- A. The revision date has been changed to 12/03.
- B. The first sentence in the text box below the "LOCAL DISTRICT NAME AND ADDRESS" box was changed to read:

You must provide proof of the eligibility factors checked. Your worker must receive this proof no later than _____.

- C. "Social Security card" was changed to "Social Security Number" in the "Two of the following" column for the "Identity Eligibility Factor" box.
- D. The following information was added to the "Social Security Number Eligibility Factor" box:
(For Temporary Assistance and Medical Assistance-only, you do not have to provide proof of your Social Security Number (SSN) unless the SSN you give does not match with SSA's records or cannot be verified by the agency.)
- E. The "Citizenship or Current Alien Status Eligibility Factor" box was revised to read:

Citizenship or Current Alien Status

US citizens are eligible for Temporary Assistance, Food Stamps and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, Food Stamps or Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary non-immigrants are eligible only for the treatment of an emergency medical condition.

- F. The following changes were made to the "Social Security Number To Prove This Factor" column:
"SS-5/DSS-4000 was deleted.

G. Additionally, the following paragraph was added:

A Social Security Number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance-only applicants who are pregnant.

H. In the "Citizenship/Alien Documents To Prove This Factor" column, "INS" was changed to "USBCIS".

I. The first paragraph in the "Resources Eligibility Factor" column box was changed to read:

Resources (For Medical Assistance-only resource information is not requested from pregnant women, children under the age of 19 and persons eligible for Family Health Plus.)

J. "Earned income credit (EIC)" in the "Eligibility Factor" column should be changed to "earned income tax credit (EITC)".

K. "(EIC)" in the "Eligibility Factor to prove this factor" column " was changed to "(EITC)".

L. At the bottom of the page, "WORKER SIGNATURE" was changed to "WORKER NAME" to prepare for future use as an Intelligent Auto Fill form.

M. In the "Shelter Expenses Eligibility Factor" column box, the following information was added: "Medical Assistance does not require documentation of shelter expenses."

IV. Forms Implications

Delivery of the revised 12/03 version of the LDSS-2642 is expected in early March 2004. Your district will not automatically receive copies. The Spanish version of the LDSS-2642 will not be printed, but a clear master will be available to those districts that may need to photocopy it. Spanish masters can be ordered through the same process as ordering the English versions.

In order to ensure that usage of the revised form begins within a reasonable time, you may continue to use previous (9/01) version of the LDSS-2642 until your stock is depleted, or until May 2004, whichever occurs first. Reorders will be filled with the 12/03 versions. Future requests for supplies of the LDSS-2642: "Documentation Requirements" (Rev. 12/03) or the Spanish master copy, LDSS-2642-S: "Documentation Requirements" (Rev. 12/03) (Spanish Camera Ready Board), 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

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, ext. 4-9522.

In addition, for local district staff, electronic PDF versions of all of the notices referenced in this INF can be accessed on the OTDA Intranet website at http://sdssnet5/otda/ldss_eforms/default.htm.

Issued By

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Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance