



**George E. Pataki**  
Governor

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

**Robert Doar**  
Commissioner

## Informational Letter

### Section 1

|  |  |
|--|--|
| <b>Transmittal:</b>                    | 06-INF-03  |
| <b>To:</b>                             | Local District Commissioners   |
| <b>Issuing Division/Office:</b>        | Division of Employment and Transitional Supports   |
| <b>Date:</b>                           | January 13, 2006   |
| <b>Subject:</b>                        | Welfare-To-Work Employment Forms   |
| <b>Suggested Distribution:</b>         | Employment Coordinators<br>Temporary Assistance Staff<br>Food Stamp Benefits Staff<br>Medicaid Directors<br>CAP Coordinators<br>WMS Coordinators<br>Staff Development Coordinators |
| <b>Contact Person(s):</b>              | Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095<br>Program Questions:<br>Welfare To Work Bureau - Wendy DeMarco (518) 402-3198   |
| <b>Attachments:</b>                    | OTDA-876: Request For Forms or Publications  |
| <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.    |
|--------------------|--------------------|-------------|--|--|---------------|
|                    |                    |             | Part C of Chapter 57 of the Laws of 2005 | Welfare-To-Work Employment Policy Manual | 12 NYCRR 1300 |

### Section 2

#### I. Purpose

The purpose of this release is inform local districts that the responsibilities for the maintenance and updating of the following Welfare-to-Work forms have been transferred from the Welfare-To-Work Division of the Department of Labor to the Welfare-To-Work Bureau in the Division of Employment and Transitional Supports of the Office of Disability and Temporary Assistance (OTDA).

The following are the employment related forms being transferred and will be available through the OTDA Forms ordering procedures as described below:

- **LDSS-3696:** “Job Search Handbook” (Rev.9/05)
- **LDSS-4004:** “Notice of Intent to Change Public Assistance Grant and/or Food Stamp Benefits for Noncompliance with Employment Related Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits” (Rev.9/05)
- **LDSS-4004-SP:** “Notice of Intent to Change Public Assistance Grant and/or Food Stamp Benefits for Noncompliance with Employment Related Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits” (Rev.9/05) (Spanish)
- **LDSS-4005:** “Notification of Temporary Assistance Work Requirements Determination (Exempt)” (Rev.10/05)
- **LDSS-4005-SP:** “Notification of Temporary Assistance Work Requirements Determination (Exempt)” (Rev.10/05) (Spanish)
- **LDSS-4005 NYC:** “Notification of Temporary Assistance Work Requirements Determination (Exempt)” (Rev.10/05) (NYC)
- **LDSS-4005-SP NYC:** “Notification of Temporary Assistance Work Requirements Determination (Exempt)” (Rev.10/05) (Spanish) (NYC)
- **LDSS-4005(a):** “Notification of Temporary Assistance Work Requirements Determination (Nonexempt)” (Rev.10/05)
- **LDSS-4005(a)-SP:** “Notification of Temporary Assistance Work Requirements Determination (Nonexempt)” (Rev.10/05) (Spanish)
- **LDSS-4005(a) NYC:** “Notification of Temporary Assistance Work Requirements Determination (Nonexempt)” (Rev.10/05)
- **LDSS-4005(a)-SP NYC:** “Notification of Temporary Assistance Work Requirements Determination (Nonexempt)” (Rev.10/05)(Spanish) (NYC)
- **LDSS-4230:** “Conciliation Notification” (Rev.8/05)
- **LDSS-4230-SP:** “Conciliation Notification” (Rev.8/05) (Spanish) (Camera Ready Only)
- **LDSS-4231:** “Option to End Your Sanction” (Rev.10/03)
- **LDSS-4231-SP:** “Option to End Your Sanction” (Rev.10/03) (Spanish) (Camera Ready Only)
- **LDSS-4526:** “Medical Examination for Employability Assessment, Disability Screening, and Alcoholism/Drug Addiction Determination” (Rev.10/03)
- **LDSS-4725** “TANF Services Certification/Application Review Form” (Rev.6/04) (Camera Ready Only)
- **LDSS-4726** “TANF Services Certification” (Rev.10/03) (Camera Ready Only)
- **LDSS-4770:** “TANF Youth Services Application” (Rev.9/05) (Camera Ready Only)
- **LDSS-4770-SP:** “TANF Youth Services Application” (Rev.9/05) (Spanish) (Camera Ready Only)

**NOTE:**

- The responsibilities for the maintenance and updating of the **LDSS-4725**: “TANF Services Certification/Application Review Form” (Rev.6/04) and the **LDSS-4726**: “TANF Services Certification” (Rev.10/03) will remain with the Office and Temporary and Disability Assistance, however, due to minimal orders Statewide, this form will no longer be printed but will be available as a camera ready copy for local district reproduction.
- The Department of Labor’s TANF Youth Services Application (Rev.5/04) and the TANF Youth Services Application Review Form (Rev.4/03) have been consolidated into one form and will replace the current Camera Ready Only **LDSS-4770** “Youth Application for TANF Services” (Rev.7/01). This consolidated form will retain the **LDSS-4770** designation and will reflect a new revision date of 9/05.

**II. Program Implications**

There are no program implications.

**III. Forms Information**

We expect that the above referenced forms will be available for ordering from the Albany and NYC/HRA warehouses in February 2006. These printed forms, and camera ready versions for forms that are not printed, may be obtained in the following ways:

- To order forms online, submit a completed OTDA-876EL (Rev.2/00) “Request For Forms or Publications” to [GG7359@otda.state.ny.us](mailto:GG7359@otda.state.ny.us). Include the form number and the number of copies you require in the request.
- To order forms by mail, submit a completed OTDA-876 (Rev.6/98): “Request For Forms or Publications” to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, New York 12201

When completing the OTDA-876, include the form number and the number of copies you require. Please allow approximately three weeks from receipt of the request for delivery.

- Electronic PDF English versions of all of the forms referenced in this INF are now available on the OTDA Intranet E-Forms website at :

[http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm)

- Spanish versions of these forms will be available on the OTDA Intranet E-Forms website as they are translated.

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

**Issued By** \_\_\_\_\_  
**Name:** **Russell Sykes**  
**Title:** **Deputy Commissioner**  
**Division/Office:** **Division of Employment and Transitional Supports**

## REQUEST FOR FORMS OR PUBLICATIONS

|   |                                       |
|---|---------------------------------------|
| Submit Request To:<br><br><b>NYS Office of Temporary and Disability Assistance</b><br><b>Document Services</b><br><b>P.O. Box 1990</b><br><b>Albany, N.Y. 12201</b> | Deliver Supply To: (Complete Address) |
|---|---------------------------------------|

**Instructions:**

|  |  |
|--|--|
| 1. Order forms (by mail) when you reach a <b>two-month</b> supply. | 3. Please order forms in <b>numerical</b> sequence |
| 2. Order a <b>six-month</b> supply.                                | 4. <b>Allow 3 weeks</b> for processing of order    |

| FORM NUMBER | FORM TITLE | QUANTITY REQUESTED | QUANTITY SHIPPED |
|-------------|------------|--------------------|------------------|
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |
|             |            |                    |                  |

|   |              |                |  |
|---|--------------|----------------|--|
| Agency Submitting Request:              |              |                | Sent VIA<br><input type="checkbox"/> <b>UPS</b><br><br><input type="checkbox"/> <b>Truck</b><br><br><input type="checkbox"/> _____ |
| Signature of Person Submitting Request: | Phone Number | Date Submitted |  |
| Cost Center Code                        | Date Filled  | Filled By      |  |