



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

Transmittal:	06-INF-15
To:	Local District Commissioners
Issuing Division/Office:	Division of Program Support and Quality Improvement
Date:	April 11, 2006
Subject:	Revisions to the LDSS-3174 <u>Recertification Form for Temporary Assistance, Medical Assistance, Medicare Savings Program and Food Stamp Benefits</u> and Pub-1313 <u>How to Complete the LDSS-3174</u>
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Staff CAP Coordinators Employment Coordinators WMS Coordinators Services Coordinators Staff Development Coordinators Forms Coordinators
Contact Person(s):	Forms Questions: Jacqueline Brace, Document Services and Operational Support: (518) 474-9522 Program Questions: Medicaid: Local District Support Liaison, Upstate (518) 474-8887; NYC (212) 417-4500 Temporary Assistance Bureau: (518) 474-9344 Food Stamp Benefits Bureau: (518) 473-1469 Welfare to Work Bureau: (518) 402-3198 HEAP Bureau: (518) 473-0332 Metro Region: (212) 961-8207 WMS Bureau: (518) 474-8749
Attachments:	Attachment 1 - LDSS-3174 (Rev. 5/05) Attachment 2 - Pub-1313 (Rev. 5/05)
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 89 INF-53 95 INF-8 95 INF-29 96 INF-26 01 INF-22 03-INF-26	95 INF-29 95 INF-8	350.4 351.21 360.1 369.1 369.4 387.6 387.17 404.1		PASB Chapter 6 FSSB Section 4; Section 6 MRG p.364	95 ADM-1

Section 2

I. Purpose

The purpose of this release is to inform local districts that the following forms have been revised (copies attached):

- LDSS-3174 (Rev. 5/05)
- Pub-1313 (Rev. 5/05)

II. Forms Revisions:

LDSS – 3174

PAGE 1:

1. The revision date was **changed** to 5/05.
2. A one-character field was **added** after the “Case Name” field in the shaded worker data entry section at the top of the page.

This field is labeled “LIFELINE” and is driven by the answer given to the question that was added to Page 16 of the Recertification Form.

3. “I REQUEST THAT MY CASE BE CLOSED...” was **moved** to page 13. This was done to assure that a recipient discusses the decision to request that his/her case be closed with a worker. During the discussion, the worker can explain what transitional programs the recipient may be eligible for.
4. The statement concerning self-sufficiency implied that work activities are required for all programs listed. There are no work requirements for Medicaid, other than for MBI-WPD. The second sentence in the statement was **changed** to read ..."including work activities for Temporary Assistance and Food Stamp Benefits where required."

SECTION 3

5. The title “**Recertification Information**” was **changed** to “**Recipient Information**” in the shaded gray area directly below the “Do You Want To Receive Notices In” section.

PAGE 2:

The revision date was **changed** to 5/05.

PAGE 3:

1. The revision date was **changed** to 5/05.

SECTION 6

2. In the “**RACE/ETHNIC AFFILIATION CODES**”, “**H** Hispanic or Latino (a)” was **changed** to “**H** Hispanic or Latino”.
3. In the listing of “**RACE/ETHNIC AFFILIATION CODES**”, an additional code was **added** directly below the “**W**” White code. The new code is labeled “**U** Unknown (**MA** Only)”.
4. An additional “**RACE/ETHNIC AFFILIATION CODES**” column was **added** in the “**RACE AFFILIATION**” section, to the right of the “**W**” column. That additional column is labeled “**U**”.
5. The “**ALIEN INFORMATION**” section title was **changed** to “**IMMIGRATION INFORMATION**” in the shaded worker’s section at the bottom of the page.

6. The "ALIEN STATUS" column title was **changed** to "IMMIGRATION STATUS" at the bottom of the page in the shaded gray area next to the "LN" column.
7. The "Documentation" reference, "Alien Status" was **changed** to "Immigration Status" in the shaded gray area on the bottom of this page.

PAGE 4:

1. All of the "Alien" references in SECTIONS 9 and 10 were **changed** to "Immigrant" with the exception of the 'ALIEN NUMBER' column title in section "9".

SECTION 9

2. The Revision Date was **changed** to 5/05.
3. "Or" was **deleted** from the end of the first bullet.
4. The second bullet was **changed** to read:

"You are not a U. S. citizen, Native American or national of the United States or an immigrant with satisfactory immigration status. The term 'satisfactory immigration status' means an immigration status which does not make the individual ineligible for benefits under the applicable program.

5. "**If you are a Native American, check 'CITIZEN/NATIONAL'.**" was **added** as the last sentence in the second box.
6. The column entitled "Check either 'CITIZEN/ NATIONAL' OR 'ALIEN' for each person" was changed to "Check either 'CITIZEN / NATIONAL' or 'IMMIGRANT' for each person."

SECTION 10

7. The first two paragraphs were **changed** to read as they do in the LDSS-2921:

"Some social services programs require that you certify that you are a U.S. citizen, Native American or national of the United States, or an immigrant with satisfactory immigration status. Other programs do not. If you are an immigrant and do not know if you have satisfactory immigration status, see the "How To Complete" instruction book or talk to your worker.

You **MUST** sign the Certification below only if you are a U.S. citizen, Native American or national of the United States, or an immigrant with satisfactory immigration status, **and** you are recertifying for:"

8. The fifth bullet, "Other services..." was **deleted**.
9. The first certification instruction box at the bottom of the page was **changed** to read, "...am a United States citizen, Native American or national of the United States, or an immigrant with satisfactory immigration status."
10. In the second certification instruction box at the bottom of the page, "**Immigration and Naturalization Service (INS)**" was **changed** to "**United States Citizenship and Immigration Services (USCIS)**".

PAGE 5:

The Revision Date was **changed** to 5/05.

PAGE 6

1. The Revision Date was **changed** to 5/05.

SECTION 15

2. The shading was **removed** from the “OTHER INCOME” section of the “INCOME INFORMATION” column.
3. The “CD” column in the shaded worker area to the right of the “INCOME INFORMATION” column was removed because the recertification form is now a Statewide form and the codes that were listed in that column were only applicable to Upstate districts.

SECTION 16

4. 1. The title ‘Step-Parent /Alien Sponsor Information’ section title was changed to ‘Step-Parent /Immigrant Sponsor Information’ and the ‘Alien’ reference was changed to “Immigrant” in the question below the title.
5. In the “CONSIDER” cues, a check mark and the consider cue, “Refugee Matched Grants” were added.

PAGE 7:

1. The revision date was **changed** to 5/05.

SECTION 17

2. The third box was changed to read:

“Is health insurance available through your employer? Yes No.

Does anyone else have health insurance through their employer? Yes No.

Who: _____

Name of Insurance Company: _____”

PAGE 8:

1. The revision date was **changed** to 5/05.

SECTION 18

2. The statement, “For your children under 16, list their names and what schools they attend:” was changed to:

“Is under 16 years of age and is attending School? Yes No.”

PAGE 9:

1. The revision date was **changed** to 5/05.

SECTION 19

2. In the "**DOCUMENTATION**" cue section, "Car/Vehicle Registration" was **changed** to "Car/Vehicle Registration (older models)".
3. In the shaded gray area at the bottom of the page, the "\$" symbol was **added** on both lines of the "NADA" section.

PAGE 10:

1. The revision date was **changed** to 5/05.

SECTION 20

2. The following two questions were **added**:

"Is on Medicaid with a spenddown"

"Has health Insurance available through your employer"
3. The question "Is pregnant, **IF PREGNANT, PLEASE GIVE DUE DATE: _____**" was **reformatted** to extend into the gray area.
4. Because additional questions were added to Section "20", the red reference numbers were **adjusted** accordingly.
5. The "**HEALTH PLAN SELECTION**" section from page 10 of the LDSS-2921 was added.

PAGE 11:

1. The revision date was changed to 5/05.

SECTION 21

2. The "**SHELTER**" information was **revised** to mirror the "**SHELTER**" Information on the recently revised LDSS-2921: Application, along with and including some of the following changes:
 - a. The telephone related information on this page was **eliminated** because the language in the Standard Utility Allowance (SUA) statement, on page 16, now addresses FS recipients' eligibility for a phone allowance.
 - b. A new column was **added** to the right of the "MONTHLY EXPENSES" column at the bottom of the page, in the shaded gray worker's area.

The new column is titled, "**MONTHLY ACTUAL COST**".
 - c. The "**VENDOR**" column title was **changed** to "**NAME OF DEALER**".
 - d. In the "SHELTER COSTS" column, section "E" was **changed** from "E. Utility/Phone Installation Fees" **to** "E. Utility Installation Fees"
 - e. The "MONTHLY EXPENSES" column, in the shaded gray area, was **changed** to eliminate the "Telephone Expense" and "Utility/Telephone Installation Fees" was **changed** to "Utility Installation Fees".
 - f. In the "**CONSIDER**" section, "Life Line" was **changed** to "Lifeline".

- g. A new last **“CONSIDER”** check mark and statement were **added**. That new **“CONSIDER”** reads:

If Shelter Expenses/Living Quarters Are Shared By More than One Household” was added.

PAGE 12:

1. The revision date was **changed** to 5/05.

SECTION 23

2. Under **“OTHER INFORMATION (CONT.)”**, "applying" was changed to "recertifying" in the first box.

PAGE 13:

1. The revision date was **changed** to 5/05.
2. **“I REQUEST THAT MY CASE BE CLOSED...”** was **moved** from page 1 to page 13. This was done to assure that a recipient discusses the decision to request that his/her case be closed with a worker. During the discussion, the worker can explain what transitional programs the recipient may be eligible for.
3. The **“Notes/Comments”** section was **moved** lower on the page.

Pages 14 through 16: **‘READ THE IMPORTANT INFORMATION BELOW’** also known as the **“legal”** section, were revised to mirror the same information as on the LDSS-2921: Application, where appropriate.

PAGE 14:

1. The revision date was **changed** to 5/05.

SECTION 25

2. The title of the **“FOOD STAMPS AUTHORIZED REPRESENTATIVE”** was **changed** to **“FOOD STAMP BENEFITS AUTHORIZED REPRESENTATIVE”**.
3. The **“FOOD STAMP BENEFITS AUTHORIZED REPRESENTATIVE”** was **changed** to read:

FOOD STAMPS BENEFITS AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for Food Stamp Benefits (FS) for you. You can also authorize someone outside your household to get FS for you and to use them to buy food for you. If you would like to authorize someone, print the person’s name, address and phone number directly below.

When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, **both** the Authorized Representative and the Food Stamp Benefits Head of Household must sign and date the signature sections at the bottom of page 16.

PAGE 15:

1. The revision date was **changed** to 5/05.

SECTION 27

2. The first paragraph of the **‘CHANGES’** subsection was **changed** to read:

CHANGES - I agree to inform the agency **promptly** of any changes, to the best of my

knowledge and belief, including, but not limited to, any change in my needs, residency/address, living arrangements, household size, income, employment, property/resources, dependent care costs, health insurance, immigration/citizenship status or pregnancy.

If I am applying for child care assistance, I agree to inform the agency **immediately** of any change in family income, who lives in my house, employment, child care arrangements or other changes which may affect my continued eligibility or amount of my benefit."

PAGE 16:

1. The revision date was **changed** to 5/05.
2. The "Lifeline" information was **revised**.

That new "Lifeline" language reads:

"LIFELINE - For applicants/recipients of temporary assistance and/or food stamp benefits: The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

If you do not want this information released, check this box .

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service."

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service."

SECTION 28

3. The "Authorization For Reimbursement Of Public Assistance Benefits From SSI Retroactive Payment" information was **changed** to read:

"AUTHORIZATION FOR REIMBURSEMENT OF PUBLIC ASSISTANCE BENEFITS FROM SSI RETROACTIVE PAYMENT- I authorize the Commissioner of the Social Security Administration (SSA) to send to the local social services district the amount that is due to me at the time of my first payment of (1) retroactive Supplemental Security Income (SSI) benefits that I may receive upon an application for SSI or (2) retroactive SSI benefits I may receive if my SSI benefits are terminated or suspended and are later reinstated.

I understand that the local social services district may take from my retroactive SSI payment the amount of Public Assistance (except assistance paid wholly or partly with federal funds) that it paid to me during the period that begins (1) with the first day I became eligible for payment of SSI benefits or (2) the first day to which SSI benefits were reinstated after a period of suspension or termination and ends with the month that SSI payments actually began (or the following month if the local social services district cannot stop delivery of my last public assistance payment during the month that SSI payments resume).

After taking this money from my SSI check(s), the local social services district will pay me the balance, if there is any, no later than 10 working days from the date it receives my SSI payment. I also understand that if the district takes more money than I believe was paid to me as Public Assistance, I will be given an opportunity for a hearing.

I understand that:

- the SSA may treat the date that I submit this signed authorization to the local social services district as the date I first become eligible for SSI if I submit an application for initial SSI benefits within the next 60 days.
- this authorization will apply to any SSI application or appeal which is presently pending before the SSA with respect to me and to any SSI application I make or appeal I request with respect to the period ending one year after I sign this agreement. It will not have any effect on cases that have been completely decided or if the SSA has already made an initial payment of SSI either on my application or after a period of suspension or termination or if the State and I have mutually agreed to terminate the authorization.

This authorization will terminate one (1) year after it is received by the local social services district and will not have any effect upon new SSI applications made after that date.”

SECTION 29

4. The "Applicant/Representative Signature" title at the bottom of the page was **changed** to "Applicant Signature".
5. New "Authorized Representative Signature" and "Date" boxes were **added** to directly below the "Applicant Signature" and "Date" boxes at the bottom of this page.

VOTER REGISTRATION FORM PAGE:

The instructions for “How to Complete” the Voter Registration form were **added**.

PUB-1313:

PAGE 1:

1. The Revision Date was **changed** to 5/05.
2. A new 5th Bullet was **added**, that reads:

IF YOU HAVE ANY DISABILITIES, WHICH PREVENT YOU FROM COMPLETING THIS RECERTIFICATION FORM AND/OR WAITING TO BE INTERVIEWED, PLEASE NOTIFY THE RECEPTIONIST. THE AGENCY WILL MAKE EVERY EFFORT TO PROVIDE REASONABLE ACCOMMODATION TO ADDRESS YOUR NEEDS.

3. The "WITHDRAWAL" statement was **replaced** with the following statement:

"DISCONTINUE: IF YOU WANT TO STOP GETTING ASSISTANCE, TALK TO YOUR ELIGIBILITY EXAMINER."

3. The Spanish note at the bottom of the page was **removed**.

PAGE 2:

1. The Revision Date was **changed** to 5/05.

SECTION 1

2. This section was **changed** to read:

"Check () the box for EACH program that you or any household member wants to recertify for. Because of welfare reform, a recertification for Temporary Assistance is no longer automatically

a recertification for Medical Assistance. If you want to recertify for both Temporary Assistance and Medical Assistance, check () the Temporary Assistance and Medical Assistance box. If you want to recertify for the Medicare Savings Program check, () the Medicare Savings Program box. Medical Assistance includes the Medicaid, Family Health Plus, Child Health Plus A, Medicaid Buy-In for Working People With Disabilities and Family Planning Benefit programs. If you want to recertify for any of these programs, check () the Medical Assistance box.

If you are recertifying for Temporary Assistance and Food Stamp Benefits, and/or Medical Assistance, usually you will be required to have only a single interview for all programs. If you are recertifying for Medical Assistance only, you do not have to have an interview."

SECTION 3

3. The following was **added**, directly above "NAME":

RECIPIENT INFORMATION

4. Also, on the "**CARE OF NAME**" line, the information after the comma was **changed** to read:
PRINT that person's name.

PAGE 3:

1. The Revision Date was **changed** to 5/05.

SECTION 6

2. Under the fourth bullet the third sub-bullet beginning, "An alien who is"..., was **deleted**.
3. In the fifth bullet, the portion of the statement about the "Highest School Grade Completed", was **changed** from "If more than 12 years, enter 12" to "If more than 12 years, enter 13".

PAGE 4:

1. The Revision Date was **changed** to 5/05.
2. In the 'Race/Ethnic Affiliation' section, 'Latino (a)' was **changed** to 'Latino'.

SECTION 9

3. The title for section "9" was **changed** to:

CITIZENSHIP/IMMIGRATION STATUS INFORMATION

4. The second bullet, "You are recertifying only for coverage for the treatment of an emergency medical condition, or" was **deleted**.
5. The first sentence of the third bullet, which is now the second bullet, was **changed** to read:
"You are *not* a U. S. citizen, Native American or national of the United States *or* an immigrant with satisfactory immigration status. 'Satisfactory immigration status' is an immigration status which does not make the individual ineligible for benefits under the applicable program."

SECTION 10

6. The title for section "10" was **changed** to:

"CERTIFICATION OF CITIZENSHIP/IMMIGRATION STATUS INFORMATION"

7. The first sentence of the 2nd bullet in the 'CERTIFICATION OF CITIZENSHIP/IMMIGRATION STATUS INFORMATION' was **changed** to read:

- You are not a **U.S. citizen, Native American or national of the United States** or an **immigrant with satisfactory immigration status**.

PAGE 5:

1. The Revision Date was **changed** to 5/05.
2. The title for the continuation of section "10" was **changed** to:

"CERTIFICATION OF CITIZENSHIP/IMMIGRATION STATUS INFORMATION (continued)"

3. The lead in, for the first "**NOTE**", directly below the title, was **changed** to read:

"NOTE: You **MUST** sign this certification if you are a **U.S. citizen, Native American or national of the United States**, or an **immigrant with satisfactory immigration status**, and you are recertifying for:"

4. The last two sentences before the "**NOTICE**" were **changed** to read as follows:

"A *parent without* satisfactory immigration status may sign for his/her child who has satisfactory immigration status. **For example**, a mother who does not have satisfactory immigration status may still sign the certification for her children who are U.S. citizens."

5. The **NOTICE** section was **changed** to read:

NOTICE

"You should not sign this declaration for yourself or for another person who is not a U.S citizen, Native American or national of the United States or an immigrant with satisfactory immigration status. Noncitizens without satisfactory immigration status are not eligible for any Temporary Assistance, Food Stamp Benefits or Medical Assistance benefits (except Medical Assistance for a pregnant person or Medical Assistance coverage ONLY for treatment of an emergency medical condition). Such persons may also be ineligible for certain Services.

We may confirm the immigration status of any or all household members recertifying for Temporary Assistance, Medical Assistance benefits, Food Stamp Benefits or Services by submitting the information you give us to the United States Citizenship and Immigration Services (USCIS). Information received from the USCIS may affect your household's eligibility and level of benefits."

SECTION 11

6. In the "**NON-CUSTODIAL PAERNT/CHILD SUPPORT/MEDICAL SUPPORT INFORMATION**" of section "11", another sentence was **added** to the end of the Medical Assistance note. That new sentence reads:

"If you want to pursue medical support from a non-custodial parent, you must complete this section."

PAGE 6:

1. The Revision Date was **changed** to 5/05.

SECTION 15

2. The “Foster Care Payments” and “Food Stamp Benefits” note was **changed** to read:

“NOTE: Foster Care Payments and Food Stamp Benefits –You may choose to include the foster care child or adult in the Food Stamp Benefits household. If you do, any associated foster care payments will **not** be counted as income. All other income or resources of the foster care child will be counted. If you have any questions about this, make sure to ask your worker.”

SECTION 16

3. The title was **changed** to **“STEP-PARENT/IMMIGRANT SPONSOR INFORMATION”**.

PAGE 7:

1. The Revision Date was **changed** to 5/05.

SECTION 19

2. In the last sentence of the first paragraph "or guardians" was **deleted**.

SECTION 20

3. The "**HEALTH PLAN SELECTION**" information was **added** as it is on the LDSS-2921.

PAGE 8:

1. The Revision Date was **changed** to 5/05.

SECTION 21

2. The instruction, “Be sure to check () primary heat type at bottom of this page was **removed** from section “21” because this is a worker’s instruction.

SECTION 22

3. The word "Information" was **deleted** from the "Other Expenses Information" title. The revised title now reads, "Other Expenses".

SECTION 23

4. The following statement was **added** for the purpose of clarifying the meaning of “U.S. Military” service.

“‘U.S. Military’ also includes Reservists or National Guard members who have ever been called to active duty by the President of the United States.”

5. Under ‘PAGE 13 OF THE RECERTIFICATION FORM’ the following paragraph was added:

“DO NOT WRITE ON THIS PAGE UNLESS YOU WANT TO CLOSE YOUR CASE FOR ONE OR MORE OF THE PROGRAMS LISTED IN THE TOP RIGHT HAND CORNER OF PAGE 13 OF THE RECERTIFICATION FORM. TO CLOSE YOUR CASE FOR A PROGRAM, PUT A CHECKMARK () IN THE BOX NEXT TO THAT PROGRAM AND SIGN WHERE INDICATED. YOUR CASE WILL ONLY BE CLOSED FOR THE PROGRAM(S) YOU CHECK. BEFORE ASKING FOR YOUR CASE TO BE CLOSED, TALK TO YOUR WORKER. YOU MAY BE ELIGIBLE FOR TRANSITIONAL HELP.”

PAGE 9:

1. The Revision Date was **changed** to 5/05.

SECTION 26

2. The title was **changed** to:

“PENALTIES/FOOD STAMP BENEFITS (FS) PENALTY WARNING.”

SECTION 27

3. The title was **changed** to:

“ASSIGNMENTS, AUTHORIZATIONS & CONSENTS.”

4. The “Lifeline” instructional information in the **“ASSIGNMENTS, AUTHORIZATIONS & CONSENTS”** was **changed** to read:

“NOTE: For **Lifeline**, Temporary Assistance and Food Stamp applicants/recipients must check (✓) the box, if you **do not** authorize the NYS Office of Temporary and Disability Assistance to possibly disclose your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate. Lifeline is the lowest rate available for basic telephone service from telephone service providers.”

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

SECTION 29

5. The reference to “Recertification” was **changed** to “Recertification Form” in the 2nd sentence of the 2nd paragraph.

6. In the “signature” area, an additional sentence was **added** after the 3rd sentence that reads:

“If you are a Food Stamp Benefits Authorized Representative, both you and the applicant must sign and date the signature sections on the bottom of page 16 of the Recertification Form.”

7. The last line, “All persons 18 years of age or older must sign.” was deleted.

PAGE 10:

1. The Revision Date was **changed** to 5/05.
2. The ‘NOTICE’ which provides information concerning the right to a “Fair Hearing” was reformatted. The telephone number, internet address and fax number used to request a “fair hearing” were added.
3. The second box was **revised** to specify that the Social Services programs are Temporary Assistance, Food Stamps Benefits, Medical Assistance, and Medicare Savings programs.

VI. Additional Information:

Because these documents provide current program and policy information as well as mandated legal information, comments on the format and content of these forms and publications are always welcome. Comments received will be pended and considered at the next printing of these forms. Comments may be forwarded to:

Ms. Jacqueline Brace
Document Services and Operational Support
93 Broadway
Menands, New York 12204
Jacqueline.Brace@otda.state.ny.us

Comments relating to Medicaid policy should be directed to the district's Local District Support Liaison, as indicated on page one."

IV. Forms Ordering Information:

- The revised 5/05 versions of the LDSS-3174 and Pub-1313 are stocked in the Albany and NYC Warehouses. Your district has automatically received copies. Any previous versions must be destroyed.
- The other than English versions of the LDSS-3174 and Pub-1313 will be translated shortly and we expect that they will be available for ordering sometime in May 2006.
- Any future requests for printed copies of the 5/05 versions of the LDSS-3174 and Pub-1313 should be submitted on an OTDA-876 "Request For Forms or Publications" and should be sent to:

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

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

- Documents also may be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm .

Issued By _____
Name: John Paolucci
Title: Deputy Commissioner
Division/Office: Division of Program Support & Quality Improvement