



**Eliot Spitzer**  
Governor

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

**David A. Hansell**  
Acting Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	07-INF-02
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Employment and Transitional Supports
<b>Date:</b>	January 31, 2007
<b>Subject:</b>	Revisions to "Action Taken On Your Request For Assistance To Meet An Immediate Need or A Special Allowance" (LDSS-4002)
<b>Suggested Distribution:</b>	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Temporary Assistance - (518) 474-9344 Food Stamp Bureau - (518) 473-1469 HEAP - (518) 473-0332
<b>Attachments:</b>	LDSS-4002: "Action Taken On Your Request For Assistance To Meet An Immediate Need or A Special Allowance" (Rev. 11/06)
<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.
02 ADM -2 89 ADM-21	92 INF-46			TASB, Chapter 8, Section G	89-LCM 219

## Section 2

### I. Purpose

The purpose of this release is to introduce the revised (11/06) version of the LDSS-4002: “Action Taken On Your Request For Assistance To Meet An Immediate Need or A Special Allowance” (see attachment).

### II. Background

The changes for the 11/06 version of the LDSS-4002 will allow for a convenient method to inform the applicant about the action the district will take to meet their emergency and at the same time inform the applicant if repayment of the amount will be required. The applicant may then challenge the district's decision about both the action the district has taken on the applicant's request for help to meet an immediate need or special allowance and on the requirement to repay, if applicable.

The changes to the notice are outlined below:

#### Front:

1. The revision date was changed to 11/06.
2. In Sections 1, 2 and 3 the following boxes and information were added:

If this box is checked, you are responsible for repaying \$\_\_\_\_\_ as shown:

This amount must be repaid to us in accordance with the agreement to repay which you signed on \_\_\_\_\_.

You must repay the amount that is more than the DSS shelter maximum of \$\_\_\_\_\_ for your family size of \_\_\_\_\_ for each month of arrears that DSS agreed to pay.

#### Reverse:

1. The revision date was changed to 11/06.
2. In the paragraph beginning “If this notice is telling you...” the end of the first sentence should read “you must call for a fair hearing.” The word “may” was deleted and replaced with the word “must”.

### III. Forms Ordering Information:

- We expect that the revised (11/06) LDSS-4002 will be printed and delivered to OTDA’s Albany warehouse and available for ordering by local districts sometime in early April. The revised (11/06) LDSS-4002-SP Spanish camera ready version will follow.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 7/04 supplies until your stocks are depleted, or until May 2007, whichever occurs first. Reorders of these forms will be filled with 11/06 versions.

When those revised notices are received by the local districts, they **must immediately destroy** previous versions and replace them with the newly revised forms.

Because local districts will **not** automatically receive supplies of this form, any requests for

printed copies of the 11/06 version of the LDSS-4002: “Action Taken On Your Request For Assistance To Meet An Immediate Need or A Special Allowance” or a Spanish camera ready copy of the LDSS-4002-SP: “Action Taken On Your Request For Assistance To Meet An Immediate Need or A Special Allowance” (Spanish) should be submitted on OTDA-876 “Request For Forms or Publication,” 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 at 1-800-343-8859, ext. 4-9522.

- Documents may also 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 and then to PSQI E-Forms page to Bureau of Management Services section (this section 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](mailto:gg7359@dfa.state.ny.us). For a complete list of forms available for downloading, please refer to OTDA Intranet site: [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm).

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