



**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-04
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Employment and Transitional Supports
<b>Date:</b>	March 5, 2007
<b>Subject:</b>	Revisions to 22 Mandatory Client Notices
<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 Stamps - (518) 473-1469 HEAP - (518) 473-0332 Medicaid Local District Liason - Upstate (518) 474-8887 or NYC (212) 417-4500
<b>Attachments:</b>	Attachment 1: Filing References Revised Forms: LDSS-3152; LDSS-3152 NYC; LDSS-3620; LDSS-3620 NYC; LDSS-3621; LDSS-3621 NYC; LDSS-4013A; LDSS-4013A NYC; LDSS-4013B; LDSS-4013B NYC; LDSS-4014A; LDSS-4014A NYC; LDSS-4014B; LDSS-4014B NYC; LDSS-4015A; LDSS-4015A NYC; LDSS-4015B; LDSS-4015B NYC; LDSS-4016A; LDSS-4016A NYC; LDSS-4016B, and LDSS-4016B NYC
<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.
See Attachment 1	See Attachment 1	See Attachment 1	See Attachment 1	See Attachment 1	See Attachment 1

## Section 2

### I. Purpose

The purpose of this release is to introduce 22 revised mandatory client notices. The revisions to the notices include:

- The words “Not Picked UP” on Food Stamp Notices were changed to “Not Used.”
- The notices “APPROVED” section now includes an area for listing the names of individuals in the household who were approved for benefits.
- The notices “DENIED” section now includes an area for listing the individuals in the household who were denied benefits and the reason(s) they were denied.
- Notices with an “INCREASE” area now allow workers to list the names of the individuals in the household who have been added to the case, and list the specific individuals who cannot be added to the case and the reason(s) why they cannot be added.

The following are the 22 notices that are affected.

1. **LDSS-3152:** “Action Taken on Your Food Stamp Benefits Case” (Rev. 11/06) (Upstate)
2. **LDSS-3152 NYC:** “Action Taken on Your Food Stamp Benefits Case” (Rev. 11/06) (NYC)
3. **LDSS-3620:** “Notice of Intent To Change Food Stamp Benefits” (Rev. 10/06)  
(Timely and Adequate) (Upstate)
4. **LDSS-3620 NYC:** “Notice of Intent To Change Food Stamp Benefits” (Rev. 10/06)  
(Timely and Adequate) (NYC)
5. **LDSS-3621:** “Notice of Intent To Change Food Stamp Benefits” (Rev. 10/06)  
(Adequate Only) (Upstate)
6. **LDSS-3621 NYC:** “Notice of Intent To Change Food Stamp Benefits” (Rev. 10/06)  
(Adequate Only) (NYC)
7. **LDSS-4013A:** “Action Taken on Your Application: PA, FS and MA Coverage  
PART-A” (Rev. 11/06) (Upstate)
8. **LDSS-4013A NYC:** “Action Taken on Your Application: PA, FS and MA Coverage  
PART-A” (Rev. 11/06) (NYC)
9. **LDSS-4013B:** “Action Taken on Your Application: PA, FS and MA Coverage  
PART-B” (Rev. 11/06) (Upstate)
10. **LDSS-4013B NYC:** “Action Taken on Your Application: PA, FS and MA Coverage  
PART-B” (Rev. 11/06) (NYC)
11. **LDSS-4014A:** “Action Taken on Your Recertification: PA, FS, MA Coverage and Services  
PART-A” (Rev. 11/06) (Upstate)
12. **LDSS-4014A NYC:** “Action Taken on Your Recertification: PA, FS, MA Coverage and Services  
PART-A” (Rev. 11/06) (NYC)
13. **LDSS-4014B:** “Action Taken on Your Recertification: PA, FS, MA Coverage and Services  
PART-B” (Rev. 11/06) (Upstate)
14. **LDSS-4014B NYC:** “Action Taken on Your Recertification: PA, FS, MA Coverage and Services  
PART-B” (Rev. 11/06) (NYC)

15. **LDSS-4015A:** “Notice of Intent to Change Benefits: PA, FSB, MA Coverage and Services PART-A” (Timely and Adequate) (Rev. 11/06) (Upstate)
16. **LDSS-4015A NYC:** “Notice of Intent to Change Benefits: PA, FSB, MA Coverage and Services PART-A” (Timely and Adequate) (Rev. 11/06) (NYC)
17. **LDSS-4015B:** “Notice of Intent to Change Benefits: PA, FSB, MA Coverage and Services PART-B” (Timely and Adequate) (Rev. 11/06) (Upstate)
18. **LDSS-4015B NYC:** “Notice of Intent to Change Benefits: PA, FSB, MA Coverage and Services PART-B” (Timely and Adequate) (Rev. 11/06) (NYC)
19. **LDSS-4016A:** “Notice of Intent to Change Benefits: PA, FSB, MA Coverage and Services PART-A” (Adequate Only) (Rev. 11/06) (Upstate)
20. **LDSS-4016A NYC:** “Notice of Intent to Change Benefits: PA, FSB, MA Coverage and Services PART-A” (Adequate Only) (Rev. 11/06) (NYC)
21. **LDSS-4016B:** “Notice of Intent to Change Benefits: PA, FSB, MA Coverage and Services PART-B” (Adequate Only) (Rev. 11/06)
22. **LDSS-4016B NYC:** “Notice of Intent to Change: PA, FSB, MA Coverage and Services PART-B” (Adequate Only) (Rev. 11/06) (NYC)

## II. Program Implications:

The following is a general listing of the revisions to the 22 Client Notices:

### **LDSS-3152 and LDSS-3152 NYC:** “Action Taken on Your Food Stamp Benefits Case”

#### **FRONT:**

1. The Revision Date was **changed** to 11/06.
2. The words “NOT PICKED UP” were **changed** to “NOT USED” at the top of the notice in the statement about what happens to Food Stamp Benefits after 270 Days.
3. The “APPROVED” section was **changed** to add an area for listing the names of individuals that were approved for Food Stamp Benefits. The revised section now reads:
 

**APPROVED** for Food Stamp Benefits from \_\_\_\_\_ to \_\_\_\_\_  
for [name(s)] \_\_\_\_\_
4. The last 2 sentences in the “Animal Population Control Program (APCP)” section were changed to make clear that you must be approved to receive benefits to participate in this program and that the number to call to get an application was changed. The APCP section now reads:
 

**Animal Population Control Program (APCP)** – If you are approved for Food Stamp Benefits, the New York State Department of Agriculture and Markets has a program that can help pay to have your dog or cat spayed/neutered. Through the animal population control program, eligible people can have their cat or dog spayed/neutered for \$20.00. If this notice says you are approved to receive benefits, a copy of this notice is proof that you are eligible to participate in the animal population control program. To receive an application voucher for this program, call 1-888-669-0870.

5. The DENIED section was changed to allow for the listing of individuals that are denied Food Stamp Benefits and the reason(s) for the denial. The changed section now reads:

**DENIED** for the following individuals:

If **ALL** is listed in the first **Name(s)** field, every member of your household was **DENIED** for the same stated **Reason(s)**.

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

**REVERSE:**

The Revision Date was changed to 11/06.

**LDSS-3620 and LDSS-3620 NYC:** “Notice of Intent To Change Food Stamp Benefits”  
(Timely and Adequate)

**FRONT:**

1. The Revision Date was changed to 10/06.
2. The words “NOT PICKED UP” were changed to “NOT USED” at the top of the notice in the statement about what happens to Food Stamp Benefits after 270 Days.

**REVERSE:**

1. The Revision Date was changed to 10/06.
2. The “Lifeline” language was removed from the top of the page.
3. For the **LDSS-3620 NYC ONLY**, the 2<sup>nd</sup> paragraph of the “Access To Your File and Copies of Documents” was updated.

**LDSS-3621 and LDSS-3621 NYC:** “Notice of Intent To Change Food Stamp Benefits”  
(Adequate Only)

**FRONT:**

1. The Revision Date was changed to 10/06.
2. The words “NOT PICKED UP” were changed to “NOT USED” at the top of the notice in the statement about what happens to Food Stamp Benefits after 270 Days.
3. The “INCREASE” section was changed to add a check box and a section to list the name(s) of individuals who have been added to a Food Stamp Benefits case. The changed section now reads:

**INCREASE** your Food Stamp Benefits from \$\_\_\_\_\_ to \$\_\_\_\_\_ effective

\_\_\_\_\_.

[name(s)] \_\_\_\_\_ has been added to your case.

Your Food Stamp Benefits certification period has been extended. Your benefits will now end in \_\_\_\_\_.

4. The “**CONTINUE**” section was changed to add a section to list the name(s) of individuals who will continue to get Food Stamp Benefits. That changed section now reads:

**CONTINUE** your Food Stamp Benefits for [name(s)] \_\_\_\_\_ at \$ \_\_\_\_\_ effective \_\_\_\_\_.

5. A check box with a sentence to allow the listing of names of individuals who cannot be added to the Food Stamp Benefits case was added. The changed section now reads:

We cannot add the following individuals to your case:

Name: \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name: \_\_\_\_\_ Reason(s) \_\_\_\_\_

**REVERSE:**

1. The Revision Date was changed to 10/06.

2. The “Lifeline” Language at the top of the notice was removed.

3. For the **LDSS-3621 NYC ONLY**, the 2<sup>nd</sup> paragraph of the “Access To Your File and Copies of Documents” was updated.

**LDSS-4013A and LDSS-4013A NYC**: “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – PART A”

**FRONT:**

1. The Revision Date was changed to 11/06.

2. The Public Assistance “ACCEPTED” section was changed to include an area to list the name(s) of individuals who are “ACCEPTED” for assistance. The changed section now reads:

**ACCEPTED** for the period from \_\_\_\_\_ to \_\_\_\_\_ for [name(s)] \_\_\_\_\_

You will get \$ \_\_\_\_\_, which will cover the period from \_\_\_\_\_ to \_\_\_\_\_.  
After this you will get \$ \_\_\_\_\_.

3. The Public Assistance “DENIED” section was changed to allow for the listing of individuals and the reason(s) for their denial of assistance. The changed section now reads:

- DENIED** for the following individuals:

If **ALL** is listed in the first **Name(s)** field, every member of your household was **DENIED** for the same stated **Reason(s)**.

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

**REVERSE:**

1. The Revision Date was changed to 11/06.
2. The last 2 sentences in the “Animal Population Control Program (APCP)” section were changed to make clear that you must be approved to receive benefits to participate in this program and that the number to call to get an application was changed. The APCP section now reads:

**Animal Population Control Program (APCP)** – If you have been approved to receive Public Assistance, Medical Assistance Coverage and/or Food Stamp Benefits, the New York State Department of Agriculture and Markets has a program that can help pay to have your dog or cat spayed/neutered. Through the animal population control program, eligible people can have their cat or dog spayed/neutered for \$20.00. If this notice says you are approved to receive Public Assistance, Medical Assistance Coverage and/or Food Stamp Benefits, a copy of this notice is proof that you are eligible to participate in the animal population control program. To receive an application voucher for this program, call 1-888-669-0870.

**LDSS-4013B and LDSS-4013B NYC:** “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – PART B”

**FRONT:**

1. The Revision Date was changed to 11/06.
2. The words “NOT PICKED UP” were changed to “NOT USED” at the top of the notice in the statement about what happens to Food Stamp Benefits after 270 Days.
3. The “APPROVED” section was changed to include a section to list the name(s) of the individuals that have been approved for Food Stamp Benefits. The changes reads as follows:

**APPROVED** for Food Stamp Benefits from \_\_\_\_\_ to \_\_\_\_\_  
for [name(s)] \_\_\_\_\_

4. The “DENIED” section was changed to allow for the listing of several individuals and the reason(s) for their denial of Food Stamp Benefits. The changed section now reads:

- DENIED** for the following individuals:

If **ALL** is listed in the first **Name(s)** field, every member of your household was **DENIED** for the same stated **Reason(s)**.

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

**REVERSE:**

The Revision Date was changed to 11/06.

**LDSS-4014A and LDSS-4014A NYC:** “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART A”

**FRONT:**

1. The Revision Date was changed to 11/06.
2. The “INCREASE” area under the Public Assistance “RECERTIFIED” section was changed to add 2 additional check boxes. The first check box allows the worker to list the name(s) of the individuals that have been added to the case. The 2<sup>nd</sup> check box allows the worker to list the individuals that cannot be added to the case and the reason(s) why not. This section now reads as follows:

**INCREASE** your monthly Public Assistance benefit for that period effective \_\_\_\_\_ from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

[name(s)] \_\_\_\_\_ has been added to your case.

We cannot add the following individuals to your case:

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

**REVERSE:**

The Revision Date was changed to 11/06.

**LDSS-4014B and LDSS-4014B NYC:** “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART B”

**FRONT:**

1. The Revision Date was changed to 11/06.
2. The words “NOT PICKED UP” were changed to “NOT USED” at the top of the notice in the statement about what happens to Food Stamp Benefits after 270 Days.

3. The “APPROVED” section was changed to include a section to list the name(s) of the individuals that have been approved for Food Stamp Benefits. The changes read as follows:

**APPROVED** for Food Stamp Benefits from \_\_\_\_\_ to \_\_\_\_\_  
for [name(s)] \_\_\_\_\_

4. The “DENIED” section was changed to allow for the listing of several individuals and the reason(s) for their denial of Food Stamp Benefits. The changed section now reads:

**DENIED** for the following individuals:

If **ALL** is listed in the first **Name(s)** field, every member of your household was **DENIED** for the same stated **Reason(s)**.

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

**REVERSE:**

The Revision Date was changed to 11/06.

**LDSS-4015A and LDSS-4015A NYC:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART A” (Timely and Adequate)

**FRONT:**

1. The Revision Date was changed to 11/06.

2. The “INCREASE” area under the Public Assistance “RECERTIFIED” section was changed to add 2 additional check boxes. The first check box allows the worker to list the name(s) of the individuals that have been added to the case. The 2<sup>nd</sup> check box allows the worker to list the individuals that cannot be added to the case and the reason(s) why not. This section now reads as follows:

**INCREASE** your monthly Public Assistance benefit for that period effective \_\_\_\_\_  
from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

[name(s)] \_\_\_\_\_ has been added to your case.

We cannot add the following individuals to your case:

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_



**REVERSE:**

The Revision Date was changed to 11/06.

**LDSS-4015B and LDSS-4015B NYC:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART B” (Timely and Adequate)

**FRONT:**

- 1. The Revision Date was changed to 11/06.
- 2. The words “NOT PICKED UP” were changed to “NOT USED” at the top of the notice in the statement about what happens to Food Stamp Benefits after 270 Days.
- 3. The Food Stamp Benefits “INCREASE” section was changed to allow for the listing of name(s) of individuals added to the case. The change section now reads:

- INCREASE** your Food Stamp Benefits from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_ .
  - [name(s)] \_\_\_\_\_ has been added to your case.
  - Your Food Stamp Benefits certification period has been extended. Your benefits will now end in \_\_\_\_\_.

- 4. The Food Stamp Benefits “CONTINUE” section was changed to record individuals name(s) that will be continuing their Food Stamp Benefits. The change section now reads:

- CONTINUE** your Food Stamp Benefits for [name(s)] \_\_\_\_\_ at \$ \_\_\_\_\_ effective \_\_\_\_\_.

- 5. A new number “7” was added to accommodate a listing of individuals and reasons why they can’t be added to a case. This addition reads as follows:

- We cannot add the following individuals to your case:

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
 Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
 Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_  
 Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

**REVERSE:**

The Revision Date was changed to 11/06.

**LDSS-4016A and LDSS-4016A NYC:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART A” (Adequate Only)

**FRONT:**

1. The Revision Date was changed to 11/06.
2. The Public Assistance “INCREASE” section was changed to read:
  - INCREASE** your Public Assistance Benefit effective \_\_\_\_\_ from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ .

[name(s)] \_\_\_\_\_ has been added to your case.

We cannot add the following individuals to your case:

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

**REVERSE:**

The Revision Date was changed to 11/06.

**LDSS-4016B and LDSS-4016B NYC:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART B” (Adequate Only)

**FRONT:**

1. The Revision Date was changed to 11/06.
2. The words “NOT PICKED UP” were changed to “NOT USED” at the top of the notice in the statement about what happens to Food Stamp Benefits after 270 Days.
3. The Food Stamp Benefits “INCREASE” section was changed to allow for the listing of name(s) of individuals added to the case. The change section now reads:

**INCREASE** your Food Stamp Benefits from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_ .

[name(s)] \_\_\_\_\_ has been added to your case.

Your Food Stamp Benefits certification period has been extended. Your benefits will now end in \_\_\_\_\_ .

4. A new number “7” was added to accommodate a listing of individuals and reasons why they can’t be added to a case. This addition reads as follows:

We cannot add the following individuals to your case:

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s) \_\_\_\_\_

**REVERSE:**

The Revision Date was changed to 11/06.

**III. Forms Ordering Information**

- We expect that the revised versions of the revised forms (LDSS-3152, LDSS-3152 NYC, LDSS-3620, LDSS-3620 NYC, LDSS-3621, LDSS-3621 NYC, LDSS-4013A, LDSS-4013A NYC, LDSS-4013B, LDSS-4013B NYC, LDSS-4014A, LDSS-4014A NYC, LDSS-4014B, LDSS-4014B NYC, LDSS-4015A, LDSS-4015A NYC, LDSS-4015B, LDSS-4015B NYC, LDSS-4016A, LDSS-4016A NYC, LDSS-4016B and LDSS-4016B NYC) will be printed and delivered to the Albany and NYC/HRA warehouses by the end of May, 2007. Upon delivery of the revised client notices, your district will be shipped an initial supply. Upon receipt of any of the revised client notices, local districts **must immediately destroy** all previous versions.
- The Spanish versions of these notices (LDSS-3152-SP, LDSS-3152-SP NYC, LDSS-3620-SP, LDSS-3620-SP NYC, LDSS-3621-SP, LDSS-3621-SP NYC, LDSS-4013A-SP, LDSS-4013A-SP NYC, LDSS-4013B-SP, LDSS-4013B-SP NYC, LDSS-4014A-SP, LDSS-4014A-SP NYC, LDSS-4014B-SP, LDSS-4014B-SP NYC, LDSS-4015A-SP, LDSS-4015A-SP NYC, LDSS-4015B-SP, LDSS-4015B-SP NYC, LDSS-4016A-SP, LDSS-4016A-SP NYC, LDSS-4016B-SP and LDSS-4016B-SP NYC) will follow. Upon receipt of any of the revised Spanish notices, all previous versions of the forms **must immediately be destroyed**.
- Any future written requests for printed or camera ready only copies of the English and Spanish versions of the client notices, should be submitted on 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 at 1-800-343-8859, ext. 4-9522.

- Camera Ready Copies of the documents may also be ordered through Outlook. To order a Camera Ready Copy 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](mailto: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](http://otda.state.nyenet/ldss_eforms/default.htm) .

**Issued By** \_\_\_\_\_

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