



**Eliot Spitzer**  
Governor

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

**David A. Hansell**  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	07-INF-05
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Employment and Transitional Supports
<b>Date:</b>	March 13, 2007
<b>Subject:</b>	Revision to LDSS-4530: Assignment of Wages, Salary, Commissions or Compensation For Services
<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 WMS Questions: (518) 474-8749
<b>Attachments:</b>	LDSS-4530: Assignment of Wages, Salary, Commissions or Compensation For Services (2/07)
<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.
01 ADM-17 01 ADM-03 97 ADM-21 96 ADM-5 95 LCM-132		18 NYCRR 370.2 (11)	SSL 158.7	TASB Chapter 10, Section A	

## **Section 2**

### **I. Purpose**

The purpose of this INF is to introduce the revised LDSS-4530: Assignment of Wages, Salary, Commissions or Compensation For Services (Rev. 2/07).

The primary reason for this revision is to add a section to the form for the required “Notary Public” authentication.

### **II. Background**

Each adult applicant and adults transferred from Family Assistance into the Safety Net Assistance program must, as a condition of eligibility for Safety Net Assistance:

- a. Sign an agreement (LDSS-4529), which provides that, if it is determined that money is owed to the social services district (SSD) because of overpayments of Safety Net Assistance to the applicant while a recipient of Safety Net Assistance, the applicant agrees to repay any such money that remains due after the applicant ceases to receive Safety Net Assistance; and
- b. Sign an assignment of the individual's future earnings (LDSS-4530), to secure the repayment of any money that is determined, after providing the opportunity for a fair hearing, to be owed to the SSD because of overpayments of Safety Net Assistance to the applicant while a recipient of Safety Net Assistance.

This requirement applies whether or not there are children in the case. The conditions, procedures and forms are the same as those detailed in 96 ADM-5 and 95 LCM-132 for former Home Relief recipients.

### **III. Program Implications**

While 96 ADM-5 stated that before a SSD can file an “Assignment of Wages, Salary, Commissions or Other Compensation for Services” with an assignor’s employer the SSD must file the following in the County Clerk’s Office in the county in which the assignor resides:

- a copy of the “Assignment of Wages, Salary, Commissions or Other Compensation for Services”, authenticated by a notary public; and
- an itemized statement setting forth the amount currently due to the SSD and the original amount owed and the payments already made to the district.

The LDSS-4530 did not contain an area for the notary authentication. The revised LDSS-4530 now contains this.

#### IV. Forms Ordering Information:

- We expect that the revised (2/07) LDSS-4530: Assignment of Wages, Salary, Commissions or Compensation For Services will be printed and delivered to the Albany Warehouse and available for ordering by local districts sometime in early March, 2007. The revised (2/07) LDSS-4530-SP: Assignment of Wages, Salary, Commissions or Compensation For Services (Spanish) version will follow.

Local districts will **not** automatically receive supplies of this form, therefore, any requests for printed copies of the 2/07 version of the LDSS-4530: Assignment of Wages, Salary, Commissions or Compensation For Services or a 2/07 Spanish version LDSS-4530-SP: Assignment of Wages, Salary, Commissions or Compensation For Services (Spanish) 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.

- 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 available forms, please refer to the 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