



**NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY  
ASSISTANCE**

40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**David A. Paterson  
Governor**

**Informational Letter**

**Section 1**

<b>Transmittal:</b>	10-INF-13
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office</b>	Center for Employment and Economic Supports
<b>Date:</b>	July 16, 2010
<b>Subject:</b>	Revised LDSS-4526 (Rev. 6/2010) Medical Examination for Employability Assessment, Disability Screening, and Alcoholism/Drug Addiction Determination and Release of Cover Letter to Accompany the Request for Medical Information Model Document
<b>Suggested Distribution:</b>	Income Maintenance Directors Employment Coordinators
<b>Contact Person(s):</b>	Employment Questions: Employment Services Advisor or the Employment and Advancement Services Bureau at (518) 486-6106 Temporary Assistance Program Questions: Bureau of Temporary Assistance at (518) 474-9344
<b>Attachments:</b>	<a href="#">Attachment 1: LDSS-4526 Medical Examination for Employability Assessment, Disability Screening, and Alcoholism/Drug Addiction Determination</a> <a href="#">Attachment 2: Cover Letter to Accompany the Request for Medical Information Model Document</a>
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

**Filing References**

<b>Previous ADMs/INFs</b>	<b>Releases Cancelled</b>	<b>Dept. Regs.</b>	<b>Soc. Serv. Law &amp; Other Legal Ref.</b>	<b>Manual Ref.</b>	<b>Misc. Ref.</b>
01 ADM 3		18 NYCRR 385.2 351.2 369.4 370.4	332, 332-b	Temporary Assistance and Food Stamp Employment Manual Section 2 and Section 15	

## **I. Purpose**

The purpose of this release is to provide revisions to the LDSS-4526 (Rev. 6/2010) *Medical Examination for Employability Assessment, Disability Screening, and Alcoholism/Drug Addiction Determination*. The revisions are intended to collect information about the type and length of conditions and resulting limitations identified on the form. The changes also delete the “Limitations Resulting from Recent Addiction Behavior” section. Additionally, we are introducing the *Cover Letter to Accompany the Request for Medical Information Model Document*.

## **II. Background**

Prior to these changes to the LDSS-4526, the form did not specifically solicit information describing how long medical conditions and limitations were expected to last or whether a diagnosis is related to physical health, mental health, a substance use disorder or some other condition. The changes introduced with this release now collect such information. Specifically, the following changes were made:

- Section III (Medical Information) asks for information describing how long each identified condition is expected to last;
- Section III (Medical Information) asks the evaluator to indicate whether each medical condition identified relates to physical health, mental health, a substance use disorder or some other type of diagnosis;
- Section VII b (Limitations on Work Activities) asks the length of time restrictions identified in VII a are expected to last;
- Deleted “SSN#” entry from Section 1;
- Deleted the question “Does the client have an active SSI application pending?”
- Deleted the “Limitations Resulting from Recent Addiction Behavior” section; and,
- Deleted the question “If a Veteran, has this person been referred to the Veteran’s Administration?”

The *Cover Letter to Accompany the Request for Medical Information* has been developed as a model document to accompany the LDSS-4526 and will be available in Section 15 of the Temporary Assistance and Food Stamps Employment Policy Manual. Districts may choose to use the model document or local equivalent as a cover letter to explain the purpose of the request for medical information and how the information will be used. Districts are not required to use the model document, but may do so whenever they feel that the cover letter will facilitate the return of the most complete and relevant information solicited through the LDSS-4526 or a local equivalent medical form.

## **III. Program Implications**

Districts should begin to use the revised LDSS-4526 (Rev. 6/2010) upon this release and the *Cover Letter to Accompany the Request for Medical Information Model Document* as they determine appropriate. The LDSS-4526 (Rev. 6/2010) has also been added to Intelligent Auto Fill (IAF) and is available for use upon this release. Districts that wish to use the *Cover Letter to Accompany the Request for Medical Information Model Document* must produce the form locally and may alter the attached Word version to suit local needs.

#### IV. Forms Ordering Information

The revised English version of the LDSS-4526: *“Medical Examination for Employability Assessment, Disability Screening and Drug/Alcoholism Addiction Determination”* is **not** a State printed form but is available to local districts in PDF format or as master camera ready copies. The procedures for ordering PDFs or master camera ready copies are listed below.

The above referenced document has also been posted on the OTDA Intranet website at [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm) and is available for downloading by local districts for reproduction locally.

Upon the release of this INF all previous versions of the *“Medical Examination for Employability Assessment, Disability Screen and Drug/Alcoholism Addition Determination”* **must immediately be destroyed** and replaced with the revised 6/10 version.

Any future written requests for master camera ready copies of the English version of the document should be submitted on OTDA-876: *“Request for Forms or Publications”*, and sent to:

Office of Temporary and Disability Assistance  
BMS Document Services and Operational Support  
PO Box 1990  
Albany, NY 12201

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

Master camera ready copies of the documents may also be ordered through Outlook. To order a master 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 Operations and Program Support 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 e-mail, the Internet e-mail 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:** Center for Employment and Economic Supports