



Office of Temporary and Disability Assistance

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Administrative Directive

Section 1

Transmittal:	16-ADM-03
To:	Local District Commissioners
Issuing Division/Office:	Bureau of Management Services
Date:	April 15, 2016
Subject:	Procedure for requesting Approval of Local Equivalent Forms
Suggested Distribution:	Legal Counsel Forms Coordinators Corrective Action Coordinators Income Maintenance Directors Supplemental Nutrition Assistance Program Directors Medical Assistance Directors Services Directors CAP Coordinators IV-D Coordinators
Contact Person(s):	Harry C. Phillips Jr. Bureau of Forms and Print Management 518-408-5573
Attachments:	None
Attachment Available Online:	<input type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 INF-53 97 ADM-13	89 INF-53	300.6 320			

Section 2

I. Summary

Updated information pertaining to the Office of Temporary and Disability Assistance processing and approval of local equivalent forms.

II. Purpose

The purpose of this directive is to introduce updated and simplified procedures for obtaining approval for the use of local equivalent forms in place of Department-mandated forms.

III. Background

Local equivalent forms are forms developed by local districts which are designed to be used in place of State-mandated forms. Local equivalent forms must contain all the information required on the State-mandated form, but may also contain additional information required for local district's own purposes. Local equivalents may differ in format as well as media from the mandated forms.

Districts develop local equivalent forms for many reasons. These include producing forms to accommodate sight-impaired workers, producing different sized forms which better fit in local case folders, producing forms which have the agency address preprinted, and producing electronic forms to be used in place of hard copy forms.

The goal of the local equivalent form approval process is to guarantee that districts are using forms which are legally, programmatically and systemically accurate and up-to-date.

IV. Required Action

In order to guarantee that all local equivalent forms requests are correctly processed by this Department, all requests should be submitted only to the Bureau of Management Services as outlined below. Requests submitted directly to program organizations, under Department Regulation 300.6 or through any other means, will be forwarded to the Bureau of Management Services, and an approval may be delayed.

Approval is required whenever a local equivalent version of a new or revised Department-mandated form is proposed.

1. The request for approval should contain the following information:
 - a. The number and title of the Department form for which the proposed local equivalent will substitute;
 - b. A sample of the proposed local equivalent with the additional information being added by the district highlighted. The sample should show the Department form number as follows:

LDSS-5000 LE (10/96)
 - c. A statement of why the proposed local equivalent is needed. This should include an explanation of how the proposed local equivalent will better meet the district's needs.
 - d. The proposed implementation or effective date.

2. If submitting a hard copy request for approval, it should be submitted to:

New York State Office of Temporary and Disability Assistance
Bureau of Management Services
Forms Management Unit
93 Broadway
Menands, N.Y. 12204

If submitting the request electronically, please include an electronic Word version of the proposed form with your memo. The request should be sent to the email address below for review and decision:

otda.sm.Local.Equivalent.Requests@otda.ny.gov

V. Additional Information

Approval is not required for forms that are equivalent to non-mandated (“recommended”) state-provided forms.

Local electronic forms identical to state-printed or state electronic forms must be approved as local equivalent forms.

Expenses associated with the production and printing of local equivalents, in place of state-provided forms, are the responsibility of the local district.

While there is no formal mechanism for a rush approval, districts should indicate in the request letter when there is an urgency. Every effort will be made to expedite the approval process.

VI. Effective Date

This ADM is effective April 15, 2016

Issued By

Name: Wilma Brown Phillips

Title: Deputy Commissioner

Division/Office: Division of Operations and Program Support