

DATE: March 7, 2018

TO: Subscribers

SUGGESTED DISTRIBUTION: Commissioners, TA Directors, Staff Development
Coordinators

FROM: Jeffrey Gaskell, Assistant Deputy Commissioner
Employment and Income Support Programs

SUBJECT: Release of Revised LDSS-4732B: *“District of Fiscal Responsibility (DFR)
Determination Worksheet”*

EFFECTIVE DATE: Immediately

CONTACT PERSON: Temporary Assistance Bureau at: (518) 474-9344

The purpose of this message is to inform social services districts (districts) of the revised [LDSS-4732B](#): *“District of Fiscal Responsibility (DFR) Determination Worksheet.”* Due to questions raised by districts, language throughout the document has been revised for clarification. It is important to note that there have been no policy changes in this area.

The revised English version of the LDSS-4732B: *“District of Fiscal Responsibility (DFR) Determination Worksheet”* is a Camera Ready Only form.

The above referenced document has been posted on the Office of Temporary and Disability Assistance (OTDA) Intranet website at: http://otda.state.ny.net/ldss_eforms/default.htm and is available for downloading by districts for reproduction locally.

Upon the release of this GIS, all previous versions of the *“District of Fiscal Responsibility (DFR) Determination Worksheet”* **must immediately be destroyed** and replaced with the revised 2/18 version.

Any future requests for master camera ready copies of the English version should be submitted to OTDA using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:

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

E-mail: forms.orders@otda.ny.gov
Districts online forms ordering system: <http://formorders/>
Fax: (518) 402-0084



Questions concerning ordering forms should be directed to BMS Document Services at: (518) 474-9522.

Any previously approved Local Equivalent of this form should be resubmitted, reflecting the current updates, to the mailing address above for review and approval.

DISTRICT OF FISCAL RESPONSIBILITY (DFR) DETERMINATION WORKSHEET

CASE NAME:	CASE NUMBER:
WORKER NAME:	DATE:

WHEN THERE IS AN EXCEPTION TO THE "WHERE-FOUND" PRINCIPLE, APPLY DFR RULES 1-4 IN THE ORDER PRESENTED. FOR QUESTIONS REGARDING RESIDENCE IN A DOMESTIC VIOLENCE SHELTER OR THE PLACEMENT OF HOMELESS INDIVIDUALS OUTSIDE OF THE DISTRICT, PLEASE GO DIRECTLY TO THE TWO "SPECIAL SITUATIONS" LOCATED AT THE BOTTOM OF THIS WORKSHEET.

THE WHERE-FOUND DISTRICT MUST NOT DENY AN APPLICATION SOLELY BECAUSE ANOTHER DISTRICT IS BELIEVED TO BE RESPONSIBLE FOR THE INDIVIDUAL. ASSISTANCE MUST BE PROVIDED TO AN OTHERWISE ELIGIBLE PERSON.

1. MEDICAL RULE

- A. Was the individual released from a hospital or other medical facility immediately prior to this application? YES NO
- B. Was the individual in a hospital or other medical facility immediately prior to (or during) a period of uninterrupted (*) receipt of assistance prior to this application? YES NO
 If "Yes" to either A or B, when? _____ (Go to C)
 If "No" to both A and B, the Medical Rule does not apply. (Go to Rule 2)
- C. If "Yes," what was the individual's address and county of legal residence at the time of entry into the hospital or other medical facility? _____ (Go to D)
- D. Is the medical facility located outside the district of legal residence? YES NO
If "Yes," the district noted in C is the district that is fiscally responsible.

* Uninterrupted: For both Temporary Assistance (TA) and Medical Assistance (MA), a break in need is defined as one calendar month without financial eligibility.

2. PLACEMENT RULE

- A. Is/was the individual in a formal or licensed non-medical residential facility and in need of assistance? YES NO
- B. Was the individual in a formal or licensed residential care facility during a period of uninterrupted (*see above) receipt of assistance prior to this application? YES NO
 If "Yes" to either A or B, when? _____ (Go to C)
 If "No" to both A and B, the Placement Rule does not apply. (Go to Rule 3)
- C. Was a social services district, either the district of legal residence or any other district, directly or indirectly involved (**) in placing an eligible person into a formal residential care setting in the where found district? (Go to D) YES NO
- D. Who referred the individual or was involved in the placement of the person into the residential care facility? _____

** District involvement means placement of an individual into a formal residential care setting by any county agency or official governmental entity of the county including: the social services district, courts, mental health departments, probation departments, etc. **If the referral/placement was done directly or indirectly by someone on behalf of the district of legal residence, then the district of legal residence is the DFR.**

3. TEMPORARY ABSENCE RULE

- A. Did the individual temporarily enter the where-found district for a specific purpose (school, rehabilitation, training, other)?

YES NO

If "Yes," for what purpose? _____

If "No," the Temporary Absence rule does not apply. (Go to Rule 4)

AND

What was the individual's district of legal residence prior to entering the where-found district?

_____ (Go to B)

- B. Does the individual intend to return to their district of legal residence after completing the purpose?

YES NO

If "Yes," the individual's district of legal residence is the DFR.

4. TRANSITION RULE

(This is for recipients only, and is the only DFR rule that does not apply to applicants)

If TA/MA benefits were received in another New York State county within the past two calendar months, (or if Medicaid only was received within the last month) why was the case closed? _____

- A. Should TA/MA benefits have been continued by the former district for the month of the move and the month thereafter?

YES NO

- B. Should TA/Supplemental Nutrition Assistance Program (SNAP) benefits have been continued by the former district for the month of the move and the month thereafter?

YES NO

- C. Should MA benefits have been continued?

YES (until the end of the month of the move)

YES (for children under Continuous Save provisions, until the new DFR determines eligibility)

NO

If "Yes" at A, B or C, that district is fiscally responsible for the appropriate continuation and time.

SPECIAL SITUATION: PLACEMENT OF HOMELESS OUTSIDE OF DISTRICT

- A. Was the individual placed into a homeless shelter in this district by another district?

YES NO

If "Yes," what district? _____ *That is the district that is fiscally responsible while the person remains in emergency housing.* After that, other DFR rules would apply as appropriate (for example, the Transition rule). See 06 ADM-07 for further information.

SPECIAL SITUATION: DOMESTIC VIOLENCE

- A. What was the date of the domestic violence (DV) incident that prompted the victim's entry into the DV shelter?

- B. What was the victim's county of residence on that date? _____ *That is the district that is fiscally responsible while the person remains in the DV shelter.* After that, other DFR rules would apply as appropriate (for example, the Transition rule). See 06 INF-34 for further information.

NOTE: For individuals/families in DV shelters, the DFR for TA benefits is also the DFR for SNAP benefits.

PLEASE USE CAUTION IN EXCHANGING INFORMATION ABOUT VICTIMS OF DOMESTIC VIOLENCE. CHECK WITH YOUR SUPERVISOR OR THE DOMESTIC VIOLENCE LIAISON TO DETERMINE HOW INFORMATION SHOULD BE EXCHANGED.