



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #10-81-ELI

*(This Policy Bulletin Replaces PB #07-20-ELI and Obsoletes CD 93-21)*

### REQUESTS FOR BIRTH OR DEATH VERIFICATION TO AGENCIES OUTSIDE NEW YORK CITY

<b>Date:</b> August 3, 2010	<b>Subtopic(s):</b> Eligibility
<p> This procedure can now be accessed on the FIAweb.</p>	<p><b>Revisions to Original Policy Bulletin</b></p> <p>This policy bulletin is being revised to update the logo on the Request for Birth or Death Verification from Agencies Outside New York City (<b>W-680</b>) form, and update the terminology on the form to current usage.</p> <p><b>Purpose</b></p> <p>This policy bulletin is to inform Job Center and Non Cash Assistance (NCA) Food Stamp (FS) Center staff that Form <b>W-680</b> can be used to verify:</p> <ul style="list-style-type: none"> <li>• the identity of an individual applying for or in receipt of FS and/or Cash Assistance (CA) benefits who is lacking proof of identity <u>and</u> was born outside of New York City (NYC);</li> <li>• the death on record with an agency outside of NYC of an individual related to an applicant for CA; and</li> <li>• other eligibility factors such as age; relationship between the payee and the children on a case; and U.S. citizenship, if questionable, when sufficient documentation cannot otherwise be obtained for an applicant/participant born outside NYC.</li> </ul>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center Fax or fax to: (917) 639-0298*

Job Center staff:  
See Job Center  
Operations Manual,  
Section I: Case  
Establishment.

NCA FS Center staff:  
See Food Stamp Center  
Operational Handbook,  
Section II: Basic  
Documentation Rules.

The AFIS photograph  
may be used when an  
applicant/participant  
does not have another  
form of photo  
identification.

### Assisting the Applicant/Participant in Obtaining Verification of Birth/Death

A JOS/Worker may need to obtain birth/death verification for an applicant/participant to establish eligibility factors and the relationship between the payee and the children (see the TA/FS Documentation/Verification Desk Aid [**LDSS-3666**]) when sufficient documentation is lacking.

**Note:** Verification of death is not required to establish any eligibility factor for FS benefits.

To assist an applicant/participant who was born outside of NYC in obtaining a copy of a birth certificate to verify an eligibility factor (or a death certificate on record with an agency outside of NYC for an individual related to the CA applicant), the JOS/Worker must:

- complete Form **W-680** and ask the applicant/participant to sign the authorization section.
- scan and index Form **W-680** into the electronic case record.
- request photo identification for birth verification requests only. Photo identification is now required for birth verification requests, in cooperation with recent efforts by many state agencies to stop the illegal use of birth certificates and to reduce identity theft.
  - attach a copy of the applicant's/participant's photo identification (such as an Automated Finger Imaging System [AFIS] photo or Electronic Benefits Transfer [EBT] card with photo) to the request.
  - if birth verification is requested for a minor child on the case, attach the photo identification of the parent or caretaker relative requesting assistance for the minor child.
- send Form **W-680** and a copy of the photo identification (for birth verification only) via interoffice mail to:

Office of Central Processing (OCP)  
98 Flatbush Avenue, 3rd Floor  
Brooklyn, NY 11217

OCP will process the request and forward it to the appropriate out-of-state agency.

### Request Returned as Incomplete by State Agency

As the requirements for birth/death verification vary for each state agency, in some instances, the state agency may reject the request as incomplete and return it to OCP, accompanied by the reason(s) for rejection. Some of the reasons a request may be rejected include:

- additional form(s) of identification are required; and/or
- submission of a state agency's own request form is required.

For rejections due to the required submission of a state agency's own request form, if the applicant's/participant's signature is not required on the form, OCP will complete the form and resubmit it to the state agency. No further action from the JOS/Worker is necessary.

For all other rejections, OCP will return the request along with the rejection reason(s) to the JOS/Worker via interoffice mail. The JOS/Worker must take the necessary steps to meet all the additional requirements. If necessary, the JOS/Worker must inform the applicant/participant of any additional information/documentation required of him/her and collect the information/documentation via phone, mail, fax, or in-person at the next contact with the applicant/participant. Once all additional requirements are met, the JOS/Worker must resubmit the request to OCP via interoffice mail.

### Birth/Death Verified by State Agency

All birth/death verification requests verified by the state agency will be returned to OCP. OCP will forward the verified birth/death documentation to the JOS/Worker via interoffice mail. The JOS/Worker must scan and index the documentation into the electronic case record.

Center Directors/Managers should ensure that all previous versions of Form **W-680** are removed from circulation and recycled.


Samples of the forms are attached.

*Effective Immediately*

### **References**

18 NYCRR 351.5  
18 NYCRR 387.8 (b)(3)

**Attachment**

 Please use Print on Demand to obtain copies of forms.

**W-680**

Request for Birth or Death Verification from Agencies Outside New York City (Rev. 8/3/10)

Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Job Center or  
 NCA FS Center: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Worker's Name: \_\_\_\_\_  
 Worker's Telephone: \_\_\_\_\_

**Request for Birth or Death Verification from Agencies Outside New York City**  
(BLOCK PRINT ALL INFORMATION)

Birth       Death

To complete an official study of the person identified, we require  verification or a  photostatic copy of certificate of the vital statistics indicated above. Please return this form with the verification recorded in the space provided (or photostatic copy of certificate, if requested) in the **enclosed business reply envelope**.

**Birth Record (BLOCK PRINT ALL INFORMATION)**

<b>Name of Person (to be searched)</b>		Last	(Other surnames known by)		First	Middle
<b>Place of Birth</b>		Street and number, or name of institution			City	County State
<b>Date of Birth</b>		Month	Day	Year	Sex	Race
<b>Parents' Names</b>				<b>Birthplace (State or foreign country)</b>		<b>Age of parents at child's birth</b>
<b>Father</b>	Last	First				
<b>Mother</b>	Maiden Name	First				

**Death Record (BLOCK PRINT ALL INFORMATION)**

<b>Name of Deceased</b>		Last	Other surnames known by		First	Middle
<b>Place of Death</b>		Street and number, or name of institution			City	County State
<b>Date of Death</b>	Month	Day	Year	Age at death	Sex	Race
					Marital Status	State or foreign country
					<b>Birth-place</b>	

**Applicant's Authorization**

I, \_\_\_\_\_, authorize the provision of the requested information to the Human Resources Administration.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

SAMPLE

**Report of Searching Agency**

<b>Verified</b> Certificate No. _____ Date Issued _____	<b>Not Found</b> <input type="checkbox"/>	<b>Corrections Noted</b> (use reverse side if necessary)	
Signature _____		Title _____	Date _____