



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #10-83-ELI

REVISION TO THE REQUEST FOR BIRTH OR DEATH VERIFICATION FORM (W-701) AND OBSOLETION OF THE REQUEST FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE FORM (W-701A)

Date: August 6, 2010	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>Verification of death is not required to establish any eligibility factors for Food Stamps.</p> <p>See PB #09-101-SYS for detailed instructions on how to use POS to verify birth/death records of applicants/participants born in NYC.</p>	<p>This policy bulletin is to inform Job Center and Non Cash Assistance (NCA) Food Stamp (FS) Center staff that the Request for Birth or Death Verification from New York City Department of Health (W-701) form has been revised to update the logo and terminology to current usage. In addition, the Request for Certified Copy of Birth or Death Certificate from New York City Department of Health (W-701A) form is now obsolete.</p> <p><u>Assisting the Applicant/Participant in Obtaining Verification of Birth/Death Records</u></p> <p>In cases in which sufficient documentation is lacking, a JOS/Worker may need to obtain birth/death verification for an applicant/participant, in order to establish eligibility factors such as age, relationship between the payee and the children, death of an individual related to an applicant for Cash Assistance (CA), and U.S. citizenship, if questionable, for individuals born in New York City (see the TA/FS Documentation/ Verification Desk Aid [LDSS-3666]).</p> <p>To assist a NYC-born applicant/participant in obtaining verification of a birth/death record, the JOS/Worker must access NYC Vital Records by using the Vital Records icon on the POS toolbar. After entering the required demographic data, POS will electronically send information to the New York City Department of Health and Mental Hygiene (DOHMH). DOHMH will respond (response is in real time) based on the matched criteria.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

See PB #09-101-SYS for a list of messages detailing the reasons POS is not able to verify a birth/death match.

In the event that verification of a birth/death record cannot be achieved with POS (e.g., because of multiple matches or case is not processed in POS), the JOS/Worker must:

- complete Form **W-701**;
- ask the applicant/participant to sign the General Release (**W-515**) authorizing DOHMH to furnish the agency with the requested information;
- mail forms **W-701** and **W-515** to the Office of Vital Records, 125 Worth Street (Room 133), New York, NY 10013; and
- scan and index forms **W-701** and **W-515** into the electronic case record.

Samples of the forms are attached.

Effective Immediately

References:

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

Related Items:

PB #10-81-ELI
PB #09-101-SYS

Attachments:

W-701	Request for Birth or Death Verification from New York City Department of Health (Rev. 8/6/10)
W-701A	Request for Certified Copy of Birth or Death Certificate from New York City Department of Health (Rev. 3/24/80) (Obsolete)

Registrar
Department of Health
125 Worth Street
New York, N.Y. 10013

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____
Worker's Name: _____

Request for Birth or Death Verification from New York City Department of Health
(Print All Information Legibly)

BIRTH DEATH

To complete an official study of the person identified, we require verification of the vital statistics indicated above. Please return this form, with the verification recorded in the space at the bottom, in the enclosed business reply envelope.

Photostatic copy of certificate required.

IF BOROUGH OF BIRTH IS NOT SHOWN OR IS INCORRECT, PLEASE MAKE A FIVE-BOROUGH SEARCH.

BIRTH RECORD

Name of Person to be Searched		Last	(Other surnames known by)	First	Middle
Place of Birth		Number and street, or name of institution		Borough	Date of Birth Month Day Year
Parents' Names					
Father	Last	First	Middle		
Mother	Maiden Name	First	Middle		

DEATH RECORD

Name of Deceased		Last	(Maiden or other surnames known by)	First	Middle
Place of Death		Number and street, or name of institution			Borough
Date of Death		Month	Day	Year	Age at Time of Death

REPORT OF DEPARTMENT OF HEALTH SEARCH

DATE:

<p>RECORD NOT FOUND</p> <p>Calendar Years Searched: _____</p> <p>Order No.: _____</p> <p>Searched by: _____</p> <p>Search Verified by: _____</p>	<p>RECORD VERIFIED</p> <p><input type="checkbox"/> Correct as stated <input type="checkbox"/> Corrections noted above</p> <p>Order No.: _____ Certificate No.: _____</p> <p>Searched by: _____</p> <p>Search Verified by: _____</p>
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THE CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES

REQUEST FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE FROM N.Y.C. DEPARTMENT OF HEALTH

(Print All Information Legibly)

For Dept. of Social Services Use Only

Registrar
Department of Health
125 Worth Street
New York, N. Y. 10013

Date	
Case surname	
Case number/category	Caseload
Center, Division, or Borough Office	
Worker's name	

Fold

Fold

BIRTH

DEATH

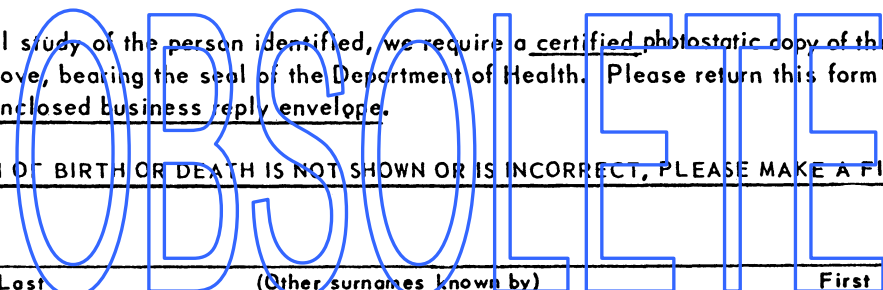
For adoption purposes

For veterans benefits

Other legal purposes

To complete an official study of the person identified, we require a certified photostatic copy of the certificate of the vital statistics indicated above, bearing the seal of the Department of Health. Please return this form with the certified copy of the certificate in the enclosed business reply envelope.

IF BOROUGH OF BIRTH OR DEATH IS NOT SHOWN OR IS INCORRECT, PLEASE MAKE A FIVE-BOROUGH SEARCH



BIRTH RECORD

Name of Person to be Searched	Last	(Other surnames known by)	First	Middle
Place of Birth	Number and street, or name of institution		Borough	Date of Birth Month Day Year
Parents' Names				
Father	Last	First	Middle	
Mother	Maiden Name	First	Middle	

DEATH RECORD

Name of Deceased	Last	(Maiden or other surnames known by)	First	Middle
Place of Death	Number and street, or name of institution		Borough	
Date of Death	Month	Day	Year	Age at Time of Death

REPORT OF DEPARTMENT OF HEALTH SEARCH IF RECORD NOT FOUND

Calendar Years Searched _____	Date: _____
Order No. _____ Searched by _____	Search Verified by _____