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Governor

NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
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Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	03 INF 20
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Program Support & Quality Improvement
<b>Date:</b>	April 29, 2003
<b>Subject:</b>	Availability of the Statewide Common Application and the How to Complete the Application in Spanish and Russian: <ul style="list-style-type: none"> <li>• LDSS-2921 Statewide-SP: "Common Application" (Rev.5/02) (Spanish)</li> <li>• PUB-1301 Statewide-SP: "How to Complete the Application" (Rev.5/02) (Spanish)</li> <li>• LDSS-2921 Statewide-RU: "Common Application" (Rev.5/02) (Russian)</li> <li>• PUB-1301 Statewide RU: "How to Complete the Application" (Rev.5/02)(Russian)</li> </ul>
<b>Suggested Distribution:</b>	Temporary Assistance Food Stamp Directors Medical Assistance Directors Director of Services CAP Coordinators Staff Development Coordinators Child Support Enforcement Coordinators Employment Coordinators Forms Coordinators WMS Coordinators
<b>Contact Person(s):</b>	John Paolucci, Assistance Division Director (518) 474-1683
<b>Attachments:</b>	LDSS-2921 Statewide-SP, LDSS-2921 Statewide-RU, PUB-1301 Statewide-SP and PUB-1301 Statewide-RU
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
85 ADM-38 89 INF-53 95 INF-8 95 INF-29 02 INF-20	95 INF-29 95 INF-8	350.4 351.21 360.1 369.1 369.4 387.6 387.17 404.1		<u>PASB</u> III-E, III-H, V-B-1, V-C <u>FSSB</u> IV-E-2, IV-F IV-E-5, VI-A <u>MARG</u> p. 364	95 ADM-1

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## Section 2

### I. Purpose

The purpose of this release is to inform local districts that the (Rev. 05/02) LDSS-2921 Statewide “Common Application” and PUB-1301 “How to Complete the Application” forms are now available in **Spanish** and **Russian**.

- **LDSS-2921 STATEWIDE-SP:** “Common Application” (Rev.5/02) (**Spanish**)
- **PUB-1301 STATEWIDE-SP:** “How to Complete the Application” (Rev.5/02) (**Spanish**)
- **LDSS-2921 STATEWIDE-RU:** “Common Application” (Rev.5/02) (**Russian**)
- **PUB-1301 STATEWIDE-RU:** “How to Complete the Application” (Rev.5/02) (**Russian**)

### II. Background

02-INF-20 announced the “first” release of our “Statewide Common Application” LDSS-2921 Statewide and the associated PUB-1301 Statewide: ”How to Complete the Application”.

Prior to that release, there were two separate and distinct “New York City” (NYC) and the “Rest of State” versions.

Since the actual differences between the NYC and Rest of State versions were minimal, a workgroup was established to combine both versions into one Statewide “Common Application” and associated “How to Complete”.

This Informational Letter announces the translation and printing of these forms into Spanish and Russian.

### III. Forms Implications

Only NYC districts will automatically receive supplies of these forms. Other districts must order Spanish and Russian versions using the procedure described below.

Upon receipt of the 5/02 versions of the LDSS-2921 Statewide-SP and PUB-1301 Statewide-SP, the following Spanish forms must be destroyed:

For New York City (NYC) districts:

- LDSS-2921-S NYC (Rev.4/96)
- PUB-1301-S NYC (Rev.4/96)

For Rest of State districts:

- LDSS-2921-S (Rev.4/96)
- PUB-1301-S (Rev.4/96)

This is the first Russian release of this form therefore; no previous Russian versions need to be destroyed.

Requests for printed copies of the these forms and publications should be submitted on OTDA-876 (Rev.6/98): Request for Forms or Publications” form, and should be sent to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, New York 12201

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

Because these forms provide current program and policy information as well as mandated legal information, comments on the format and content are welcomed. Comments received will be pended and considered at the next printing of these forms.

Any comments may be forwarded to:

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**Issued By:**

**Name:** Mary Meister  
**Title:** Deputy Commissioner  
**Division/Office:** Program Support & Quality Improvement