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Robert Doar
Commissioner

Informational Letter

Section 1

Transmittal:	04-INF-13
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	May 21, 2004
Subject:	Revisions to the systems generated "Periodic Report" (LDSS-4310) and the vendor printed "Follow-Up to the Periodic Report" (LDSS-4310A)
Suggested Distribution:	Temporary Assistance Directors Food Stamp Benefits Directors HEAP Coordinators Medicaid Directors Employment Coordinators CAP Coordinators TOP Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859, Extension 6-1095 Program Questions: Eastern Region - (518) 473-1469; Central Region - (518) 474-9344; Western Region - (518) 473-0332; Metro Region - (212) 383-1658 WMS Questions: (518) 474-8749
Attachments:	Attachment - I - Sample of Systems Generated LDSS-4310: "Periodic Report" (2/04) (Statewide) Attachment - II - Sample of Systems Generated LDSS-4310-SP: "Periodic Report" (2/04) (Statewide) (Spanish) Attachment - III - LDSS-4310A: "Follow-Up to the Periodic Report" (2/04) (Statewide) Attachment - IV - LDSS-4310A-SP: "Follow-Up to the Periodic Report" (2/04) (Statewide)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other	Manual Ref.	Misc. Ref.
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			Legal Ref.	
02 ADM-7 01 ADM-14 01 ADM-9 93 ADM-9 02 INF-10 99 INF-12 95 INF-51 94 INF-47 94 INF-13		387.17 351.24 366.4(g)	PASB: V-E-4 FSSB: XIII A-5 MARG: p.8.3	92 LCM-175; GIS 93 ES/DC003

Section 2

I. Purpose

The purpose of this release is three fold:

- A.** To introduce the revised 2/04 versions of the mandated “Periodic Reporting” forms:
 - **LDSS-4310:** “Periodic Report” (Statewide) (system generated)
 - **LDSS-4310-SP:** “Periodic Report”(Statewide) (Spanish) (system generated)
 - **LDSS-4310A:** “Follow-Up to the Periodic Report” (Statewide) (vendor printed)
 - **LDSS-4310A-SP:** “Follow-Up to the Periodic Report”(Statewide) (Spanish) (vendor printed)
- B.** To inform local districts that all of the required NYC “Periodic Reporting” case identifying information has been incorporated into the 2/04 version of a Statewide, LDSS-4310A “Follow Up to the Periodic Report”.
- C.** To inform NYC districts that upon receipt of the 2/04 versions of the Statewide LDSS-4310A: “Follow-Up To The Periodic Report” and the LDSS-4310A-SP: “Follow-Up To The Periodic Report” (Spanish) that the NYC versions of the “Follow-Up to the Periodic Report” (LDSS-4310A NYC and LDSS-4310A-SP NYC) are obsolete and should be destroyed.

II. Background

01 ADM-9 outlined the changes from a “Quarterly Reporting” system to the current “Periodic Reporting”.

III. Forms Revisions:

The following are the changes to the 8/02 versions of the “Periodic Reporting” forms for the 2/04 versions:

A. LDSS-4310: Periodic Report (Statewide)

1. Front:

- a. The revision date was changed to 2/04.
- b. The paragraph directly below the “Case Address” section at the top of the form was changed to read:

This "Periodic Report" helps us to gather information about any changes you may have had since the last time you were in contact with your eligibility worker. Please make sure to read and follow all the instructions before filling out this "Periodic Report". It is important for you to complete, sign and return this "Periodic Report" by the due date listed above. Failure to do so may result in your benefits being discontinued.

2. Reverse:

- a. The revision date was changed to 2/04.
- b. The 2nd sentence in the "Section 1" heading was changed to read:
If you are only receiving food stamp benefits, you only have to list earnings here for each household member who works.
- c. A new 5th bullet was added to "Section 2". That new bullet reads as follows:
 - Someone had a change in the amount of their unearned income.

B. LDSS-4310A: Follow-Up To The Periodic Report (Statewide)

1. Front:

- a. The revision date was changed to (Rev.2/04).
- b. To accommodate a Statewide version of this form, the case identifying information headings in the shaded gray area at the top of the page have been changed as follows:

CASE NAME	CASE NUMBER	OFFICE/ UNIT NUMBER
WORKER NUMBER	WORKER NAME (CASELOAD)	

- c. The following 2nd sentence was added to the "Section 1" heading. The "Section 1" heading now reads:
If you are only receiving food stamp benefits, you only have to list earnings here for each household member who works.

2. Reverse:

- a. The revision date was changed to (Rev.2/04).
- b. In Section 2, a new 5th bullet was added that reads:
 - Someone had a change in the amount of their unearned income.

IV. Medicaid Implications

"Medicaid" should be deleted from the "General Instructions", numbers (1) and (3) and from the first sentence in "Certification" on both the LDSS-4310 and 4310A.

Revisions will be made in the next printing of the forms.

V. Distribution of Periodic Reporting Forms:

A. LDSS-4310: “Periodic Report” (Statewide) LDSS-4310-SP: “Periodic Report” (Spanish) (Statewide)

These system-generated 2/04 versions of the “Periodic Reports” will be used for the first time Statewide in the April 2004 production run.

In those limited instances where a local district would need a manual English or Spanish “Periodic Report”, the respective follow-up forms (LDSS-4310A and LDSS-4310A-SP) must be used.

B. LDSS-4310A: “Follow-Up To The Periodic Report” (Statewide)

The 2/04 English Statewide version of the vendor printed LDSS-4310A: “Follow-Up to the Periodic Report” is expected to be delivered to the Upstate (Albany) and the NYC/HRA warehouses in June 2004.

Your district will automatically receive supplies of this form based on previous ordering practices. Upon receipt of the revised forms, all existing 8/02 versions of the LDSS-4310A and LDSS-4310A NYC must be destroyed.

C. LDSS-4310A-SP: “Follow-Up To The Periodic Report” (Statewide) (Spanish)

The vendor-printed 2/04 Statewide Spanish version of the LDSS-4310A-SP “Follow-Up to the Periodic Report” (Spanish) is also expected to be delivered to the Upstate (Albany) and the NYC/HRA warehouses in June 2004.

Prior to this printing, Upstate districts could only order a Spanish “master copy” of this form for reproduction. With the implementation of Statewide Spanish version, printed copies will now be available upon request.

VI. Forms Requests

Any future requests for printed copies of the revised 2/04 versions of the English and Spanish, LDSS-4310A and LDSS-4310A-SP, should be submitted on OTDA-876 (Rev.6/98): “Request For Forms or Publications” form, and 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, ext. 4-9522.

In addition, for local district staff, electronic PDF versions of all of the notices referenced in this INF can be accessed on the OTDA Intranet website at http://sdssnet5/otda/ldss_eforms/default.htm.

Issued By _____

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance