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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
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Robert Doar
Commissioner

Informational Letter

Section 1

Transmittal:	05-INF-16
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	September 26, 2005
Subject:	8/05 Revision of LDSS-2642: "Documentation Requirements"
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Food Stamp Bureau - (518) 473-1469 Temporary Assistance Bureau - (518) 474-9344 HEAP Bureau- (518) 473-0332 Medicaid Local District Liaison - Upstate: (518) 474-8887 NYC: (212) 417-4500
Attachments:	Attachment - LDSS-2642: "Documentation Requirements" (Rev.8/05)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-20 03 OMM/ ADM-2 04 INF-2 02 INF-7 91 INF-42		351.6 387.8(c) 360-2.2		TASB pp.2 to 21 FSSB V-EV-7.1 to 9.19 MARG II Appendix 3-23	90 LCM-93 GIS Message 89 IM/DC017

Section 2

I. Purpose:

The purpose of this release is two fold:

1. To inform local districts that the LDSS-2642: “Documentation Requirements” has been revised. (copy attached)
2. To remind local districts that 93 ADM-20 mandated the use of this form for each Temporary Assistance and Food Stamp Benefits case in which the applicant or recipient is being asked to provide proof of an eligibility factor.

Persons applying for Medicaid-Only/Family Health Plus on the DOH-4220: “Access NY Health Care” application, use the DOH-4220B: “Documentation Checklist”.

The Medicaid-Only/Family Health Plus renewal includes a documentation checklist. Recipients should not be sent an additional documentation checklist at renewal.

II. Background:

The LDSS-2642 is used to inform an applicant or recipient that proof of all eligibility factors must be received by a local district before an eligibility decision can be rendered. It is designed so that an eligibility worker can check off those factors, which need to be verified, provide a list of items, which are acceptable as verification of those factors and indicate the date by which the outstanding item must be received. The carbonized copy of the form should be filed in the applicant/recipient’s case record for reference purposes.

III. Revisions:

- A. The revision date has been **changed** to 8/05.
- B. In the 3rd Column of the “Identity” proof section, “Social Security Number” was **changed to** “Validated Social Security Number”.
- C. In the 3rd Column of the “Identity” proof section, “Birth Certificate” was **deleted** because it is already contained in the proof reference, “Birth/Baptismal Certificate”.
- D. In the 2nd Column of the “Absent Parent Information” proof section, “UIB book” was **changed** to “Monetary determination letters”.
- E. In the 4th Column of the “Social Security Number” eligibility factor section, “Food Stamp Benefits” was **added** as one of the programs that you do not need to provide proof of your Social Security Number.
- F. In the 4th Column of the “Citizenship or Current Alien Status” eligibility factor section, the word “eligibility” was **changed** to “eligible” and the word “and” to “or” in the same sentence.
- G. In the 5th Column of the “Citizenship or Current Alien Status” proof section, the acronym, “USBCIS” was **changed** to “USCIS”, which stands for U. S. Citizenship and Immigration Services.
- H. In the 5th Column of the “Earned Income” proof section, the following additional employer proof information was **added**:

On letterhead, rate of pay per hour; hours worked per week; date of first pay, if new, and employer’s phone number.

- I. In the 6th column of the “Unearned Income (con’t)” eligibility factor section, “Worker’s Compensation” was **changed** to “Workers’ Compensation”.
- J. In the 6th Column of the “Resources” eligibility factor section, the note, “(For Medical Assistance-only, resource information is not requested from pregnant women, children under the age of 19 and person eligible for Family Health Plus)” was **deleted**.
- K. In the 7th Column of the “Resources” proof section, “Refund or EITC check” was **changed** to “Tax Refund”.
- L. In the 7th Column of the “Resources” proof section, “(older models) was **added** after “Registration”.
- M. In the 8th Column of the “Unpaid Bills” eligibility factor section, “medical” was **deleted**.
- N. In the 9th Column of the “Other” proof section, the different proofs were **deleted** and replaced with lines for worker to enter what proofs are required.
- O. In the 9th Column of the “School Attendance” proof section, the proof was changed from “Statement from school” to “Statement from school/ or Higher Education Institution”.

IV. Forms Ordering Information

- ∄ Delivery of the revised 8/05 version of the LDSS-2642 is expected in December 2005. Your district **will** automatically receive copies. The Spanish version of the LDSS-2642-SP will not be printed, but a clear master will be available to those districts that may need to photocopy it. Spanish masters can be ordered through the same process as ordering the English versions.
- ∄ Any future Requests for printed copies of the 8/05 version of the LDSS-2642 should be submitted on OTDA-876 “Request For Forms or Publications”, and should be sent to:

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

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

- ∄ Documents also may be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page (this page contains the electronic OTDA-876).
- ∄ For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm .

Issued By _____

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Division of Employment and Transitional Supports

DOCUMENTATION REQUIREMENTS

LDSS-2642 (Rev. 8/05)

Applicant/Recipient Name		Case Name		Eligibility Factor	To prove this factor, provide one of the following:	Eligibility Factor	To prove this factor, provide one of the following:	Eligibility Factor	To prove this factor, provide one of the following:													
Date	Time of Interview	Case Number																				
LOCAL DISTRICT NAME AND ADDRESS:				Social Security Number (For Temporary Assistance, Food Stamp Benefits and Medical Assistance-only, you do not have to provide proof of your Social Security Number (SSN) unless the SSN you give does not match with SSA'S records or cannot be verified by the agency.)	Social Security Card Official correspondence from SSA A Social Security Number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance-only applicants who are pregnant.	Unearned Income (con't) Workers' Compensation Education grants and loans Interest/dividends/royalties Private pension/annuity Other	Award Letter Check stub Statement from school Statement from bank Award letter Statement from bank or credit union Statement from broker/agent Current award letter Current benefit check Official correspondence from source of income	Other	Shelter Expenses You must prove how much it costs you to live where you do (You may need to provide separate documentation for each item of shelter expense.) Medical Assistance does not require documentation of shelter expenses.													
You must provide proof of the eligibility factors checked. Your worker must receive this proof no later than _____. If your worker does not receive this proof, your application may be denied or your assistance may be discontinued. (If you cannot obtain these items by the above date, call _____ to find out what other forms may be used to verify your eligibility.)										Citizenship or Current Alien Status - US citizens are eligible for Temporary Assistance, Food Stamps and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, Food Stamps or Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary non-immigrants are eligible only for the treatment of an emergency medical condition.	Birth certificate Baptismal certificate Hospital records U.S. passport Military service records Naturalization certificate USCIS documentation Evidence of continuous U.S. residence since prior to 1/1/72.	Current bank records Current credit union records Stock certificate Bonds Statement from financial institution Insurance policy Statement from insurance company Bank records Burial agreement Burial plot deed Statement from funeral director Tax Refund Statement from tax office Deed Statement from real estate broker Appraisal/estimate of current value by broker Registration (older models) Title of ownership Appraisal of current value by dealer Financing data Statement from source of payment	Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills									
Eligibility Factor	To prove this factor, provide:		J ' ONE of the following	OR	J ' TWO of the following (If you are applying for Food Stamp Benefits or Medical Assistance only, you need to bring only one form for each eligibility factor checked.)	Earned Income From employer From self-employment Income from rent or room/board Unearned Income Child support Unemployment Insurance benefits (UIB) Social Security benefits (including SSI) Veteran's benefits	Statement from household Statement from nursing home Current bank records Current credit union records Stock certificate Bonds Statement from financial institution Insurance policy Statement from insurance company Bank records Burial agreement Burial plot deed Statement from funeral director Tax Refund Statement from tax office Deed Statement from real estate broker Appraisal/estimate of current value by broker Registration (older models) Title of ownership Appraisal of current value by dealer Financing data Statement from source of payment	Health Insurance If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this. Disabled/Incapacitated /Pregnant If you or anyone living with you is sick or pregnant, you must provide proof. Unpaid Bills Rent, utility Referral Drug/Alcohol Treatment Program Employment Service Other Expenses/ Dependent Care Cost You must provide proof if you pay court-ordered support, child care, recurring loans, or for services of a home health aide or attendant. School Attendance You must prove who is in school Other:														
Identity You must prove who you are.	Photo I.D. Driver's license U.S. passport Naturalization Certificate Hospital/Doctor's Records Adoption paper	Statement from another person Validated Social Security Number Birth/Baptismal Certificate	Marital Status You must prove if you are married, divorced, separated, or widowed.	Marriage/Death certificates Separation agreement Divorce decree Social Security records VA records	Statement from clergy Census records Newspaper notice Statement from another person				Residence You must prove where you live.	Statement from landlord Current rent receipt or lease Mortgage records	Statement from another person Current mail School records	Household Composition/Size You must prove who is living with you.	Statement from non-relative Landlord School records	Statements from other persons	Age You must prove the age of each person applying for assistance, where appropriate.	Birth certificate Baptismal certificate Hospital records Adoption records Naturalization certificate Driver's license	Insurance policy Census records School records Statement from another person Physician statement Official correspondence from SSA	Absent Parent If the parent of any child in your home is not living with you, you must prove this	Death certificate Survivor's benefits Hospital records VA or military records Divorce papers Proof of remarriage	Newspaper notice Insurance company records Institutional records Agency case records and burial payment files Statement from another person	Absent Parent Information You must provide any information you have: name, address, Social Security Number, birth date, employment	Pay Stubs Tax returns Social Security or VA records Monetary determination letters ID. cards (health insurance) Driver's license or registration
				APPLICANT/ RECIPIENT SIGNATURE	DATE	TELEPHONE NUMBER ()																