



George E. Pataki
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

Robert Doar
Commissioner

Informational Letter

Section 1

Transmittal:	05-INF-02
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	January 12, 2005
Subject:	Documentation Receipt - Temporary Assistance, Food Stamp Benefits, Medicaid and or Child Health Plus A
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 Cash Assistance Bureau - (518) 474-9344 HEAP Bureau - (518) 473-0332 SSI Bureau - (518) 474-7218 Metro Region - (212) 961-8207 WMS Questions: (518) 474-8749
Attachments:	LDSS-4847: "Documentation Receipt Temporary Assistance, Food Stamp Benefits, Medicaid and/or Child Health Plus A" (8/04)
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.
02 INF 33		354.2 600.6(a)			

Section 2

I. Purpose

This INF introduces the availability of a State sanctioned LDSS-4847: "Documentation Receipt – Temporary Assistance, Food Stamp Benefits, Medicaid and/or Child Health Plus A" (8/04).

II. Background

02 INF 33: "Receipts for Recipients Who Drop Off Documentation" was issued to encourage local districts to provide a receipt to applicants/recipients who drop off documentation at a local district for their worker and to provide local districts with a sample receipt form. Since that time, we have been approached by local districts to develop a State original form that can be downloaded for use.

18 NYCRR 600.6(a) requires districts to maintain basic fiscal records for each person who applies for or is determined eligible for TA, Medicaid or services. Part of this record includes evidence to support the timely reporting of information. This includes copies of receipts provided to applicants and recipients of TA, Medicaid or services showing that required documentation/verification was submitted in a timely fashion. The need for an accurate accounting process is also supported by 18 NYCRR 354.2: districts are required to maintain a clear and accurate account of the district's provision of assistance and care.

When applicants/recipients drop off documentation for their case records, districts often will only issue a receipt to an applicant/recipient upon request. Although some districts have established a policy of always providing a receipt when documentation is dropped off, not all have. Not providing a receipt has caused problems when documentation is lost or misplaced in the agency. Applicants/recipients are penalized for failure to provide the documentation and they have no evidence to prove that they did drop it off at the agency.

III. Program Implications

Upon receiving documentation from an applicant/recipient, the social services official should issue either a county designed receipt to the applicant/recipient or the State sanctioned LDSS-4487. The receipt should have the time, date, county name, list of documentation that is being dropped off at the agency, the name of the applicant/recipient, the name of the social services official who is issuing the receipt and the name of the social services official who will be receiving the documentation.

IV. Forms Information

The LDSS-4847 and the Spanish version, LDSS-4847-SP, will **not** be printed but master copies can be ordered through the normal forms ordering procedures listed below.

Additionally, for local district staff, the electronic English and Spanish versions, in PDF format, can be accessed on the OTDA Intranet website at http://sdssnet5/otda/ldss_eforms/default.htm.

Also, local district staff will be notified when these forms will be available for use through Centraport in the "Forms" section, under "IAF".

Any requests for master copies should be submitted on OTDA-876 (Rev.6/98): "Request for Forms or Publications", 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, ext. 4-9522.

Issued By _____

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Division of Temporary Assistance

DOCUMENTATION RECEIPT**TEMPORARY ASSISTANCE, FOOD STAMP BENEFITS, MEDICAID AND/OR CHILD HEALTH PLUS A**

Name: _____

Date: _____

Case No. : _____

Time: _____

Receptionist's Initials: _____

PLEASE CHECK SUBMITTED ITEMS BELOW

<p><u>IDENTITY/DATE OF BIRTH</u></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> Adoption Papers</p> <p><input type="checkbox"/> Passport</p>	<p><u>RESIDENCY</u></p> <p><input type="checkbox"/> ID Card with Address</p> <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> Recent Utility Bill</p> <p><input type="checkbox"/> Property Tax/Mortgage Statement</p> <p><input type="checkbox"/> Letter/Statement/Rent Receipt with home address from landlord</p>
<p><u>CITIZENSHIP AND ALIEN STATUS</u></p> <p><input type="checkbox"/> Citizenship Papers</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> USCIS Documentation/Correspondence</p>	<p><u>MEDICAL/HEALTH INSURANCE INFORMATION</u></p> <p><input type="checkbox"/> Medical Records</p> <p><input type="checkbox"/> Pregnancy Statement</p> <p><input type="checkbox"/> Health Insurance Policy/Card/Letter</p>
<p><u>EARNED INCOME</u></p> <p><input type="checkbox"/> Wage Stubs or Job Information</p> <p><input type="checkbox"/> Income Tax Return</p>	<p><u>UNEARNED INCOME</u></p> <p><input type="checkbox"/> U.I.B. Book</p> <p><input type="checkbox"/> Veterans Administration Papers</p> <p><input type="checkbox"/> Social Security Papers (SSI/Social Security Benefit Check; Award/Other Letter)</p> <p><input type="checkbox"/> Family Court Petition</p> <p><input type="checkbox"/> Separation/Divorce Papers</p> <p><input type="checkbox"/> Support Check Stub</p>
<p><u>ASSETS</u></p> <p><input type="checkbox"/> Life Insurance Policies</p> <p><input type="checkbox"/> Auto Registration (Boat; Truck)</p> <p><input type="checkbox"/> Auto Title</p> <p><input type="checkbox"/> Checking Account Statement</p> <p><input type="checkbox"/> Savings Account Statement</p> <p><input type="checkbox"/> Deed to Property</p>	<p><u>OTHER</u></p> <p><input type="checkbox"/> Social Security Card</p> <p><input type="checkbox"/> Death Certificate</p> <p><input type="checkbox"/> Disability Statement</p> <p><input type="checkbox"/> Dependent Care Costs Statement</p> <p><input type="checkbox"/> Unpaid Bills – Utility, Medical, Rent</p>
<p><u>MAIL- IN RECERTIFICATION</u></p> <p><input type="checkbox"/> RECEIVED</p>	

TA & FS DOCUMENTS (ONLY)

<p><u>HOUSEHOLD COMPOSITION</u></p> <p><input type="checkbox"/> Landlord Form</p> <p><input type="checkbox"/> Statement from a Third Party</p> <p><input type="checkbox"/> School Statement</p>	<p><u>EMERGENCY</u></p> <p><input type="checkbox"/> Eviction Papers</p> <p><input type="checkbox"/> Shut Off – Gas, Electric</p>			
<p>Desk Instructions: Copy Client, attach Copy with Documentation and send to Worker; Copy at Desk</p>				
WORKER NAME:	OFFICE:	UNIT:	WORKER ID:	TELEPHONE NO.: