



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:	06-INF-03
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	January 13, 2006
Subject:	Welfare-To-Work Employment Forms
Suggested Distribution:	Employment Coordinators Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Welfare To Work Bureau - Wendy DeMarco (518) 402-3198
Attachments:	OTDA-876: Request For Forms or Publications
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.
			Part C of Chapter 57 of the Laws of 2005	Welfare-To-Work Employment Policy Manual	12 NYCRR 1300

Section 2

I. Purpose

The purpose of this release is inform local districts that the responsibilities for the maintenance and updating of the following Welfare-to-Work forms have been transferred from the Welfare-To-Work Division of the Department of Labor to the Welfare-To-Work Bureau in the Division of Employment and Transitional Supports of the Office of Disability and Temporary Assistance (OTDA).

The following are the employment related forms being transferred and will be available through the OTDA Forms ordering procedures as described below:

- **LDSS-3696:** “Job Search Handbook” (Rev.9/05)
- **LDSS-4004:** “Notice of Intent to Change Public Assistance Grant and/or Food Stamp Benefits for Noncompliance with Employment Related Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits” (Rev.9/05)
- **LDSS-4004-SP:** “Notice of Intent to Change Public Assistance Grant and/or Food Stamp Benefits for Noncompliance with Employment Related Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits” (Rev.9/05) (Spanish)
- **LDSS-4005:** “Notification of Temporary Assistance Work Requirements Determination (Exempt)” (Rev.10/05)
- **LDSS-4005-SP:** “Notification of Temporary Assistance Work Requirements Determination (Exempt)” (Rev.10/05) (Spanish)
- **LDSS-4005 NYC:** “Notification of Temporary Assistance Work Requirements Determination (Exempt)” (Rev.10/05) (NYC)
- **LDSS-4005-SP NYC:** “Notification of Temporary Assistance Work Requirements Determination (Exempt)” (Rev.10/05) (Spanish) (NYC)
- **LDSS-4005(a):** “Notification of Temporary Assistance Work Requirements Determination (Nonexempt)” (Rev.10/05)
- **LDSS-4005(a)-SP:** “Notification of Temporary Assistance Work Requirements Determination (Nonexempt)” (Rev.10/05) (Spanish)
- **LDSS-4005(a) NYC:** “Notification of Temporary Assistance Work Requirements Determination (Nonexempt)” (Rev.10/05)
- **LDSS-4005(a)-SP NYC:** “Notification of Temporary Assistance Work Requirements Determination (Nonexempt)” (Rev.10/05)(Spanish) (NYC)
- **LDSS-4230:** “Conciliation Notification” (Rev.8/05)
- **LDSS-4230-SP:** “Conciliation Notification” (Rev.8/05) (Spanish) (Camera Ready Only)
- **LDSS-4231:** “Option to End Your Sanction” (Rev.10/03)
- **LDSS-4231-SP:** “Option to End Your Sanction” (Rev.10/03) (Spanish) (Camera Ready Only)
- **LDSS-4526:** “Medical Examination for Employability Assessment, Disability Screening, and Alcoholism/Drug Addiction Determination” (Rev.10/03)
- **LDSS-4725** “TANF Services Certification/Application Review Form” (Rev.6/04) (Camera Ready Only)
- **LDSS-4726** “TANF Services Certification” (Rev.10/03) (Camera Ready Only)
- **LDSS-4770:** “TANF Youth Services Application” (Rev.9/05) (Camera Ready Only)
- **LDSS-4770-SP:** “TANF Youth Services Application” (Rev.9/05) (Spanish) (Camera Ready Only)

NOTE:

- The responsibilities for the maintenance and updating of the **LDSS-4725**: “TANF Services Certification/Application Review Form” (Rev.6/04) and the **LDSS-4726**: “TANF Services Certification” (Rev.10/03) will remain with the Office and Temporary and Disability Assistance, however, due to minimal orders Statewide, this form will no longer be printed but will be available as a camera ready copy for local district reproduction.
- The Department of Labor’s TANF Youth Services Application (Rev.5/04) and the TANF Youth Services Application Review Form (Rev.4/03) have been consolidated into one form and will replace the current Camera Ready Only **LDSS-4770** “Youth Application for TANF Services” (Rev.7/01). This consolidated form will retain the **LDSS-4770** designation and will reflect a new revision date of 9/05.

II. Program Implications

There are no program implications.

III. Forms Information

We expect that the above referenced forms will be available for ordering from the Albany and NYC/HRA warehouses in February 2006. These printed forms, and camera ready versions for forms that are not printed, may be obtained in the following ways:

- To order forms online, submit a completed OTDA-876EL (Rev.2/00) “Request For Forms or Publications” to GG7359@otda.state.ny.us. Include the form number and the number of copies you require in the request.
- To order forms by mail, submit a completed OTDA-876 (Rev.6/98): “Request For Forms or Publications” to:

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

When completing the OTDA-876, include the form number and the number of copies you require. Please allow approximately three weeks from receipt of the request for delivery.

- Electronic PDF English versions of all of the forms referenced in this INF are now available on the OTDA Intranet E-Forms website at :

http://otda.state.nyenet/ldss_eforms/default.htm

- Spanish versions of these forms will be available on the OTDA Intranet E-Forms website as they are translated.

Any 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 Employment and Transitional Supports**

REQUEST FOR FORMS OR PUBLICATIONS

Submit Request To: NYS Office of Temporary and Disability Assistance Document Services P.O. Box 1990 Albany, N.Y. 12201	Deliver Supply To: (Complete Address)
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Instructions:

1. Order forms (by mail) when you reach a two-month supply.	3. Please order forms in numerical sequence
2. Order a six-month supply.	4. Allow 3 weeks for processing of order

FORM NUMBER	FORM TITLE	QUANTITY REQUESTED	QUANTITY SHIPPED

Agency Submitting Request:			Sent VIA <input type="checkbox"/> UPS <input type="checkbox"/> Truck <input type="checkbox"/> _____
Signature of Person Submitting Request:	Phone Number	Date Submitted	
Cost Center Code	Date Filled	Filled By	