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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 92 INF-24

TO: Commissioners of
 Social Services

DIVISION: Income
 Maintenance

DATE: April 1, 1992

SUBJECT: Revision of Certification Guide (DSS-3570)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
 Food Stamp Directors
 Medical Assistance Directors
 WMS Coordinators
 Staff Development Coordinators
 Forms Coordinators

CONTACT PERSON: Maria Eckhardt
 1-800-342-3715, extension 3-6165.

ATTACHMENTS: Attachment I - Revisions to the 6/89 Version of the
 DSS-3570: "Certification Guide"
 (available on-line).
 Attachment II - DSS-3570 (Rev. 12/91: "Certification
 Guide" (not available on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 INF-9	90 INF-9			PASB	
88 INF-52	88 INF-52			III-H	
85 ADM-38				V-C-1	
				FSSB	
				IV-E-4&5	
				V-E-all	

Date April 1, 1992

Trans. No. 92 INF-24

Page No. 2

The purpose of this release is to introduce revisions to the worker-completed eligibility determination form DSS-3570: "Certification Guide" (copy attached). A detailed listing of the revisions is attached.

The new Certification Guides should be delivered to the Albany Warehouse in April 1992, and districts will automatically receive supplies of these forms based on previous ordering practices. The existing (6/89) versions of the Certification Guide are made obsolete by the new (12/91) versions, and all existing copies of the 6/89 versions should be destroyed upon receipt of the 12/91 versions.

Future requests for the DSS-3570 should be submitted on Form WMS-47 (Rev. 9/89): "WMS Order Form" and should be sent to:

New York State Department of Social Services
Welfare Management System
P.O. Box 1990
Albany, New York 12201
Attention: Office of Systems Development

Questions concerning ordering forms should be directed to the Office of Systems Development (OSD) by calling 1-800-342-3715, extension 6-6223.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance

REVISIONS TO THE 6/89 VERSION OF THE DSS-3570: "CERTIFICATION GUIDE"

I. PAGE 1

- A. The "Revision Date" was changed to "12/91" on this page and all remaining pages.
- B. In the "Action" box, the following were changed and reordered, as indicated:
 - 1. Deleted:
 - a. Citizen/Alien Cert. Form (DSS-4060)
 - b. Food Stamp I.D.
 - c. EMEVS I.D.
 - 2. Added:
 - a. Common Benefit Identification Card (CBIC)
 - b. Code 9 Resolution
 - c. ADC-U Checklist (DSS-2502)
- C. In Section A, "SS-5" was changed to "SS-5/DSS-4000".

II. PAGE 2

- A. In the "Action" box for Number 1, "VA Referral (VA-3288)" was added.
- B. Number 4
 - 1. The columns were adjusted so that a new "How Is Deprivation Factor Documented" column could be added.
 - 2. The "Action Needed/Completed" box was made thinner, reordered and the following were added:
 - a. Child Support Order
 - b. Other Support
- C. Number 5 - In the "Action" box the following were added:
 - 1. VA Referral (VA-3288)
 - 2. Death Certificate

III. PAGE 3 - EMPLOYMENT INCOME - The following were added in the "Action" box:

- A. Wage Stubs
- B. Income Tax Return
- C. Approval of Informal Child Care Provider
- D. TPHI Referral

IV. PAGE 4 - INCOME

- A. Number 27 was changed to "Other Income (incl. Lump Sum/Windfall Payment)".
- B. In the "Action" box, "SSI Verification" was changed to "SSI/SSA Verification".

V. PAGE 5 - RESOURCES - Number 8 was changed to "Has Stocks, Bonds, Certificates or Mutual Funds".

VI. PAGE 6 - SHELTER EXPENSES

A. Under "Shelter Costs":

1. Section D

- a. The "Mortgage Payment" column was adjusted so that the Total Mortgage Payment would be recorded under Lines 1-6.
- b. Number 4 was changed to: "Homeowner's Insurance On Structure (Including Fire Insurance)".
- c. Number 6 was changed to "Assessments (Sewer, etc.)".

2. A new Section E "Utility/Phone Installation Fees" was moved here from the "Other Monthly Expenses" box to reflect new Food Stamp policy on Standard Utility Allowance procedures. The Installation Fee is a separate expense that is added to the "Shelter Costs", and it should not be included in the "Other Monthly Expenses" total.

B. The "Action" box was reordered and the following were added:

- 1. Rent Receipt
- 2. Mandatory Restrict
- 3. Section 8 Lease or Statement from Section 8 office

C. In the bottom "Examine" section, the following changes were made:

1. Number 1 was changed to:

Are any shelter or utility costs shared with others? Yes/No

If yes, which cost(s):

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Utilities other than heating |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Phone |

2. Number 6 was changed to:

Does the household receive any type of housing subsidy (including Section 8)? Yes/No

If yes:

- o Is household entitled to a shelter expense deduction (SUA or actual) because costs for any of the following are paid separate and apart from rent:
 - a. Heating Yes/No
 - b. Utilities other than heating Yes/No
 - c. Telephone Yes/No
- o Is household in the Section 8 Certificate rent subsidy program? Yes/No

3. The following new Number 7 was added:

For subsidized and non-subsidized households entitled to shelter expense deductions for heating, utilities and/or phone, do actual cost paid exceed the amount of the appropriate SUA? Yes/No

VII. PAGE 7 - HEALTH/MEDICAL

- A. Health Insurance - In the first bullet, "COBRA elig." was added.
- B. "Action" box - "PCAP" was changed to "PCAP Referral" and the following were added:
 - 1. Pregnancy Statement
 - 2. Med/Psych Statement
 - 3. Drug/Alcohol Statement
 - 4. Social Sum. Ref. (DSS-1151)
 - 5. Med. Sum. Ref. (DSS-486, 486T)
 - 6. VESID
 - 7. TASA
 - 8. SSA
 - 9. VA
 - 10. Child Health Plus

VIII. PAGE 8 - OTHER EXPENSES/NEEDS

- A. In the top section, a new number 5 was added: "Is the household able to prepare meals at home? Yes/No".
- B. Number "5" was changed to "6".

IX. PAGE 9 - EMPLOYMENT/TRAINING

- A. A new Number 4 was added:

Are there any training related expenses? Yes/No/Amount/Expense
- B. Number "4" was changed to "5", and the following question was added as a second bullet:

Is there a 16-19 year old parent who does not have a high school diploma or G.E.D., and who is not attending school?
Yes/No

C. Number "5" was changed to "6" and "or to seek employment" was added at the end of the question.

D. A new Number 7 was added:

If any FS household member is subject to FS Employment and Training Requirements, who has been designated as head of household? _____

E. Numbers "6-10" were renumbered to "8-12".

F. In the first "Action" box, the following was changed:

1. Deleted:

- a. Employment Registration (DSS-1653)
- b. WIN Referral (DSS-2612)
- c. NPA/FS Employment Registration Form (DSS-1951)

2. Added:

- a. Child Care Statement
- b. Referral for Supportive Services

X. PAGE 11 - CATEGORICAL DETERMINATION: MA

A. In "Chronic Care", "HRF" and "SNF" were deleted and "HRCF" was added.

B. In "FNP", "Catastrophic Amount" was deleted.