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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 92 INF-52

TO: Commissioners of  
 Social Services

DIVISION: Economic  
 Security

DATE: December 7, 1992

SUBJECT: Revisions to "Action Taken On Your Request for  
 Assistance To Meet An Immediate Need Or A Special  
 Allowance" (DSS-4002)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors  
 Staff Development Coordinators  
 Corrective Action Coordinators  
 Forms Coordinators

CONTACT PERSON: Maria Eckhardt  
 1-800-342-3715, extension  
 4-6501

ATTACHMENTS: Attachment - DSS-4002: "Action Taken On Your  
 Request For Assistance To Meet An Immediate Need Or  
 A Special Allowance" - not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21	90 INF-15			<u>PASB</u>	89 LCM-219
89 ADM-6				IV-F-all	
86 ADM-7				VI-C-3-all	
92 INF-46				XV-O-all	
90 INF-15				XV-P-2	
89 INF-53				<u>LDMG</u>	
				pgs. 12-1	
				through	
				12-5	

The purpose of this release is to introduce the revised (9/92) version of the DSS-4002: "Action Taken On Your Request For Assistance To Meet An Immediate Need Or A Special Allowance" (copy attached).

In May 1992, the Department aired a statewide Teleconference on Immediate Needs issues. As a result of this Teleconference, several local districts submitted suggestions for revising the DSS-4002. These suggestions were incorporated into this revised form and are outlined, as follows:

- I. The Revision Date was changed to "9/92".
- II. Three areas, instead of one, were added to allow for the explanation and action taken on multiple needs.
- III. The specific program language, on the bottom of the front page, was rewritten into "plain English", where possible.

Delivery of these forms to the Albany Warehouse should be in November 1992. Your district will not automatically receive copies. The Spanish version of the DSS-4002 will not be printed, but a clear master will be available to those districts who may need to photocopy it.

The restrictions on local equivalent notices contained on pages 10 and 11 of 89 ADM-21 continue to apply. No changes in the language of State-printed notices will be permitted. Any request for approval of local equivalent notices with format changes must be submitted in accordance with the procedures described in 89 INF-53 and pages 12-1 through 12-5 of the Local District Manager's Guide.

In order to ensure that usage of the revised forms begins within a reasonable amount of time, you may continue to use the previous (06/92) version until your stock is depleted, or until January 31, 1993, whichever occurs first. Reorders will be filled with the 9/92 version.

Future requests for the revised DSS-4002, as well as requests for the Spanish master, 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  
PO Box 1990  
Albany, NY 12201  
Attention: Office of Systems Development (OSD)

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

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Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Economic Security