+----+ INFORMATIONAL LETTER TRANSMITTAL: 94 INF-5 +----+ DIVISION: Economic TO: Commissioners of Security Social Services DATE: January 14, 1994 SUBJECT: Revision of Public Assistance ABEL Budget Narrative (DSS-3951) (Rev. 11/93) SUGGESTED DISTRIBUTION: All Income Maintenance Staff ABEL Liaisons Staff Development Coordinators Forms Coordinators CONTACT PERSON: Call 1-800-343-8859 and ask for the following individual at the indicated extension: For PA ABEL Questions - Gene Reilly, extension 3-7991 For Form Questions - Bob Gullie, extension 4-6501 ATTACHMENTS: Attachment I - DSS-3951: Public Assistance Budget Benefit Narrative - not available on-line

FILING REFERENCES

Previous	Releases	Dept. Regs.	Soc. Serv.	Manual Ref. Misc. Ref.
ADMs/INFs	Cancelled		Law & Other	
			Legal Ref.	
92 ADM-20		355.1(a)(3)		PASB
89 INF-53		355.3(a)(1)		VI-B-all
		358.9(b)		VI-D-all
		387.20(b)		XII-C-all

DSS-329EL (Rev. 3/89)

Date January 14, 1994

Trans. No. 94 INF-5

The purpose of this release is to introduce the revised (11/93) DSS-3951 "Public Assistance ABEL Budget Narrative".

As mandated by 88 ADM-37, upstate local districts are required to provide a copy of the appropriate printed Public Assistance ABEL Budget Narrative to a public assistance applicant or recipient whenever a copy of their public assistance ABEL budget is presented to them.

This form was revised to reflect that checks are not the only method of grant issuance.

Listed below is a detailed summary of all the changes which were incorporated into this revision:

- A. The revision date was changed to (11/93) on the face and reverse of this form.
- B. Under Section 6, the last sentence was changed to read:

Next to "Semi" are the amounts which are issued, twice each month.

Delivery of the revised Public Assistance ABEL Budget Narratives to the Albany Warehouse is expected in March, 1994. Your district will <u>not</u> automatically receive copies.

Requests for supplies of these revised forms are to 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 (OSD)

Questions concerning ordering forms should be directed to OSD by calling 1-800-343-8859 extension 6-6223.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 7/92 supplies until your stocks are depleted, or until May, 1994, whichever occurs first. Reorders of these forms will be filled with the 11/93 version.

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