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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 94 INF-44

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: October 3, 1994

SUBJECT: Revision of Mandatory Client Notice "Repayment of
 Interim Assistance Notice" (DSS-2425)

SUGGESTED

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

CONTACT PERSON: Maria Eckhardt
 1-800-343-8859, extension 4-6501

ATTACHMENTS: Attachment I - Filing References (available on-line)
 Attachment II - DSS-2425: "Repayment of Interim
 Assistance Notice" (Rev. 8/94) (not available
 on-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
See Attach- ment I		See Attach- ment I	See Attach- ment I	See Attach- ment I	See Attach- ment I

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This is to notify local districts that the mandatory client notice DSS-2425: "Repayment of Interim Assistance Notice" has been revised. The new Revision Date is 8/94, and the revision was made to the first paragraph, which explains how the deducted amount of public assistance is determined. The regulatory citation following this paragraph also was changed.

Delivery of the revised DSS-2425 to the Albany Warehouse is expected at the end of September 1994. Your district will not automatically receive copies.

As explained in 89 LCM-155, clear photocopied masters of the revised Spanish version will be available to each district needing Spanish notices. Districts will then reproduce the forms locally.

The restrictions on local equivalent notices contained on pages 10-11 of 89 ADM-21 continue to apply. 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 existing (8/93) forms until your stock is depleted, or until November 1994, whichever occurs first.

Requests for this revised notice, 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, New York 12201
Attention: Office of Customer Support Services

Questions concerning ordering forms should be directed to the Office of Systems Development by calling 1-800-343-8859, extension 6-6223.

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

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21		350.5,351.22	SSL 22	<u>FSSB</u>	GIS 89
89 ADM-8		351.23	SSL 366-a	Section	MA007
89 ADM-6		352.31(d)		VI-A,B	
88 ADM-4		355,358-3.3,		VII-all	
87 ADM-4		359,360-2.4,		XV-C	89 LCM-155
86 ADM-10		2.5,2.6,6.4			89 LCM-22
86 ADM-7		7.5		<u>PASB</u>	
85 ADM-45		369.6		Section	
85 ADM-17		387.19		VI-all	
82 ADM-55		387.20		IX-I-7	
81 ADM-55		505.14(b)(5)			
80 ADM-90		(v),(viii),			
93 INF-45		(x)			
92 INF-46		385.3		<u>Local</u>	
92 INF-34		385.14		<u>District</u>	
90 INF-57				<u>Manager's</u>	
89 INF-53				<u>Guide</u>	
88 INF-83				pp. 12-1	
88 INF-28				through	
				12-5	