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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 95 INF-16

TO: Commissioners of  
 Social Services

DIVISION: Economic  
 Security

DATE: April 28, 1995

SUBJECT: Revision of "Shelter Verification" Form (DSS-3668)

SUGGESTED

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

CONTACT PERSON: Bob Gullie  
 IM/WMS Program Operations, at 1-800-343-8859,  
 extension 4-6501 (AV1060)

ATTACHMENTS: DSS-3668 (Rev. 1/95): "Shelter Verification" - not  
 available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-29 94 INF-38	94 INF-38			PASB IV-C-3 XIII-D-all iv-31.4 and 31.5 FSSB V-E-1.1 thru 1.4 v-9.4-9.5 v-9.9	

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The purpose of this release is to introduce the revised DSS-3668: "Shelter Verification" form , commonly known as the "Landlord Clearance".

The DSS-3668 is designed to be mailed directly to a landlord: (1) at the time of application, (2) when a change in residence occurs or (3) at recertification. Its purpose is to verify residency and shelter expenses where appropriate and, when included in the case record, provide documentation for these eligibility factors.

The use of the DSS-3668 is optional, but its routine use is strongly urged and many local districts have utilized this form since 1985. As a result of their experience with it, local districts and State staff have suggested enhancements which have been incorporated into this version. This latest revision of the DSS-3668 is dated 1/95 (copy attached) and will be available for use by the local districts in May, 1995. Below is a detailed summary of the changes from the 5/94 version which were incorporated into this revision.

#### I. FACE

- A. The revision date was changed to 1/95.
- B. SECTION A. SHELTER DESCRIPTION

In an effort to alleviate some confusion regarding the "standard utility allowance" (roomer vs. non roomer ), we have reworded that question in the "Type of Dwelling" area to read:

IS ANY PART OF THE ROOM RENT USED FOR HEAT OR UTILITIES?

#### II. REVERSE PAGE

- A. The revision date was changed to 1/95.
- B. SECTION C. HOUSEHOLD COMPOSITION

The following new question with checkboxes was added to the same box that contains the question, "DOES ANYONE LISTED PERFORM ANY SERVICES....". It was added to be consistent with the goal of furthering employment opportunities for recipients.

DO YOU HAVE ANY EMPLOYMENT OPPORTUNITIES FOR A MEMBER OF THIS HOUSEHOLD?

+++                          +++  
+++ YES                      +++ NO

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Delivery of the revised DSS-3668 to the Albany Warehouse is expected in May, 1995. Your district will not automatically receive copies. Requests for the DSS-3668 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 Customer Support Services (OCSS)

You may continue to use the previous (5/94) version of this form until your stock is depleted or until August, 1995, whichever occurs first. Reorders will be filled with the 1/95 version.

Questions concerning ordering forms should be directed to the Office of Customer Support Services (OCSS) by calling 1-800-343-8859, extension 6-6223.

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Robert N. Seaman  
Deputy Commissioner  
Division of Economic Security