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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 95 INF-51

TO: Commissioners of  
 Social Services

DIVISION: Economic  
 Security

DATE: December 15, 1995

SUBJECT: Revision of the Quarterly Report (DSS-4310) and the  
 Follow-Up to the Quarterly Report (DSS-4310A) and  
 (DSS-4310A NYC)

SUGGESTED

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

CONTACT PERSON: Bob Gullie  
 1-800-343-8859, extension 4-6501

ATTACHMENTS: Attachment I - DSS-4310: "Quarterly Report" (6/95) -  
 not available on-line  
 Attachment II - DSS-4310A: "Follow-Up to the Quarterly  
 Report (6/95)  
 not available on-line  
 Attachment III - DSS-4310A NYC: "Follow-Up to the  
 Quarterly Report" (Rev. 6/95)  
 (New York City) - 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-9	94 INF-13	387.17 (d)		<u>PASB</u>	92 LCM-175
95 INF-19	94 INF-47			V-E-4	GIS 93 ES/ DC003,
94 INF-13				<u>FSSB</u>	ES/DC005
94 INF-47				XIII-A-5	AND DC008
				<u>MARG</u>	
				p. 8.3	

I. PURPOSE

The purpose of this release is to introduce the revised mandated forms used for the Quarterly Reporting process:

DSS-4310: "Quarterly Report"  
DSS-4310A: "Follow-Up to the Quarterly Report" (Upstate)  
DSS-4310A NYC: "Follow-Up to the Quarterly Report" (NYC)

II. WHO IS SUBJECT TO QUARTERLY REPORTING

All Public Assistance (PA), including Child Assistance Program (CAP), cases and Non-Public Assistance/Food Stamp (NPA/FS) cases with earned income are subject to the Quarterly Reporting process except for:

Public Assistance

TEAP cases

Food Stamps

NPA/FS cases with SSI income  
NPA/FS seasonal and migrant households  
PA/FS migrant households  
NPA/FS self-employed individuals budgeted on an annualized basis  
NPA/FS individuals who reside in group living arrangements  
FS/Mixed households where the only earned income belongs to the NPA member.

III. REVISIONS TO THE FORMS USED FOR THE QUARTERLY REPORTING PROCESS

The revisions to the Quarterly Reporting process forms and their Spanish versions, are listed below:

A. DSS-4310: "QUARTERLY REPORT"

1. GENERAL - The Revision Date on every page was changed to 6/95.

2. PLY 2 - FRONT (ENGLISH)

a. The third instruction was changed to read:

Return the report in the enclosed envelope by the due date listed near the upper right-hand corner of the report, or your Public Assistance, Medical Assistance and Food Stamp cases may be reduced or closed.

- b. A new sixth instruction was added. This new instruction reads:

If you are getting a child support deduction in your Food Stamp budget and you do not return this form, your Food Stamps may be reduced or stopped.

- c. The third sentence of the "REMINDER" section was changed to read:

For Food Stamps, you do not need to report changes at any time other than on the Quarterly Report or at recertification, whichever occurs first.

3. PLY 2 - FRONT (SPANISH)

All changes that were made to the English "General Instructions" section were also made to the corresponding Spanish "General Instructions" section.

4. PLY 3 - FRONT

a. QUESTION 1

1. The instructional question below the yes and no boxes was changed to read:

If you or any members of your household have income, describe in the box below:

2. The "HOW MUCH (before taxes)" section in the boxes below Question 1 was changed to include a box for Week 5, and the following instructions were added:

List all income for each week. If month has 5 pay weeks, list income in Week 5.

3. The first two sentences of the "For Public Assistance and Food Stamps" section were changed to read:

For Public Assistance and Food Stamps: Send in pay stubs or proof of other income for each time it was received for the report month. The report month is the third month listed above in the "REPORT QUARTER".

4. The second paragraph of the "For Public Assistance and Food Stamps" section was changed to read:

Also, send proof of the following:

- Child care COSTS you were charged during the report month
- Child support you were legally required to PAY during the report month
- Documentation that shows you are legally required to PAY child support (unless you have already done so)

If you do not provide this, you may lose the child care or child support deduction/allowance that we give you.

5. PLY 3 - REVERSE

a. QUESTION 3

1. An additional example of a "change" was added to Question 3 after the "pregnancy" example. The new example reads:

..., change in amount of child support paid.

2. A new paragraph about the elderly or disabled, reporting medical expenses for Food Stamp cases was added under the examples of change in Question 3. The new paragraph reads:

For Food Stamps, if you are elderly or disabled you do not need to report changes to medical expenses at any time other than recertification. However, you may choose to report changes to medical expenses at any time. If you do, we must immediately take appropriate action, including increasing your Food Stamps if the change requires an increase and if proof is provided.

- b. QUESTION 4 (NEW) - A new fourth question about child support payments was added.

- c. CERTIFICATION - The second sentence of the second paragraph in the CERTIFICATION section was made into two sentences. The two sentences read:

For my Food Stamp case I must report changes on the Quarterly Report and at recertification, whichever occurs first. I may also report changes at any other time.

6. PLY 4 - FRONT (SPANISH)

All changes that were made to the English text on PLY 3 FRONT were also made to the corresponding Spanish text on Ply 4 FRONT.

7. PLY 4 - REVERSE (SPANISH)

All the changes that were made to the English text on PLY 3 REVERSE were made to the Spanish text on Ply 4 REVERSE.

B. DSS-4310A: "FOLLOW-UP TO THE QUARTERLY REPORT" (UPSTATE) and DSS-4310A NYC: "FOLLOW-UP TO THE QUARTERLY REPORT" (New York City)

1. FRONT

a. The revision date was changed to (Rev.6/95).

b. The third instruction was changed to read:

Return this form to the address on the front of the enclosed notice by the due date listed at the top of this form, or your Public Assistance, Medical Assistance and Food Stamp cases may be reduced or closed.

c. A new sixth instruction was added. The new instruction reads:

If you are getting a child support deduction in your Food Stamp budget and you do not return this form, your Food Stamps may be reduced or stopped.

2. REVERSE

a. The revision date was changed to (Rev.6/95).

b. QUESTION 1

In the continuation of QUESTION 1 at the top of the page, the first paragraph was changed to read:

Also, send proof of the following:

- Child care COSTS you were charged during the report month
- Child support you were legally required to PAY during the report month
- Documentation that shows you are legally required to pay child support (unless you have already done so)

If you do not provide this, you may lose the child care or child support deduction/allowance that we give you.

3. QUESTION 3

- a. An additional example of a "change" was added to Question 3 after the pregnancy example. The new example reads:

..., change in amount of child support paid.

- b. A new paragraph about the elderly or disabled reporting medical expenses for Food Stamp cases was added under the examples of change in Question 3. The new paragraph reads:

For Food Stamps, if you are elderly or disabled, you do not need to report changes to medical expenses at any time other than recertification. However, you may choose to report changes to medical expenses at any time. If you do, we must immediately take appropriate action, including increasing your Food Stamps if the change requires an increase and if proof is provided.

4. QUESTION 4 (NEW) - A new fourth question about child support payments was added.

IV. DISTRIBUTION OF QUARTERLY REPORTING PROCESS FORMS

A. DSS-4310 "QUARTERLY REPORT"

The printed 6/95 Quarterly Report (DSS-4310) is scheduled to be delivered to the Upstate (Albany) warehouse in November 1995 and will be used for the December 1995 run. In those limited instances where your district manually uses the DSS-4310, be sure to order the revised 6/95 version. Upon receipt of the revised 6/95 form, all previous versions should be destroyed.

- B. DSS-4310A "FOLLOW-UP TO THE QUARTERLY REPORT" (UPSTATE)  
DSS-4310A NYC "FOLLOW-UP TO THE QUARTERLY REPORT" (NEW YORK CITY)  
DSS-4310A-S NYC "FOLLOW-UP TO THE QUARTERLY REPORT" (NYC) (SPANISH)

The revised 6/95 versions of the Follow-Up to the Quarterly Report, (DSS-4310A, DSS-4310A NYC and DSS-4310A-S NYC) are expected to be delivered to the Upstate (Albany) Warehouse and HRA (New York City) Warehouse in November 1995. Distribution of the Upstate form (DSS-4310A) to the local districts will begin upon receipt of the forms in Albany.

Your district will automatically receive supplies of the Follow-Up to the Quarterly Report forms based on previous ordering practices. The existing (7/94) versions of the DSS-4310A, DSS-4310A NYC and DSS-4310A-S NYC are made obsolete by the new versions, and all existing copies of the old versions must be destroyed once shipments of the new forms have been received.

C. DSS-4310A-S: "FOLLOW-UP TO THE QUARTERLY REPORT" (UPSTATE) (SPANISH VERSION)

The Spanish upstate version of the DSS-4310A is not printed, but a clear, 6/95 master copy will be available to those districts who may need to photocopy it.

V. IF ADDITIONAL SUPPLIES OF THE QUARTERLY REPORTING PROCESS FORMS ARE NEEDED

Future requests for the DSS-4310, DSS-4310A (Upstate), the Spanish Board for DSS-4310A-S (Upstate), the DSS-4310A NYC (New York City) and the Spanish printed form DSS-4310A-S NYC (New York City) 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 (OCSS)

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

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Patricia A. Stevens  
Deputy Commissioner  
Division of Economic Security