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INFORMATIONAL LETTER

TRANSMITTAL: 96 INF-26

TO: Commissioners of  
 Social Services

DIVISION: Management  
 Support and  
 Quality  
 Improvement

DATE: August 9, 1996

SUBJECT: Revisions to Applications (DSS-2921, DSS-2921NYC),  
 Recertification Forms (DSS-3174, DSS-3174NYC) and  
 their "How To Complete" publications (PUB-1301, PUB-  
 1301NYC, PUB-1313, PUB-1313NYC)

SUGGESTED

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

CONTACT PERSON: Jerry Vigeant, Program/Forms Coordinator  
 Bureau of Forms and Print Management  
 518-473-3099, USERID AZ1300

ATTACHMENTS: DSS-2921: Upstate Application  
 DSS-2921NYC: New York City Application  
 DSS-3174: Upstate Recertification Form  
 DSS-3174NYC: New York City Recertification Form  
 PUB-1301: Upstate "How To Complete" Application  
 PUB-1301NYC: New York City "How To" Application  
 PUB-1313: Upstate "How To Complete" Recertification  
 PUB-1313NYC: New York City "How To" Recertification  
 (Forms Not Available On-Line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
85 ADM-38	95 INF-29	350.4		PASB	95 ADM-1
89 INF-53	95 INF-8	351.21		III-E,	
95 INF-8		360.1		III-H,	
95 INF-29		369.1		V-B-1, V-C	
		369.4		FSSB	
		387.6		IV-E-2, IV-F	
		387.17		IV-E-5, VI-A	
		404.1		MARG	
				p. 368	
				p. 376	

This is to introduce revisions to the following mandated forms and their Spanish versions:

DSS-2921:	Upstate Application
DSS-2921NYC:	New York City Application
DSS-3174:	Upstate Recertification Form
DSS-3174NYC:	New York City Recertification Form
PUB-1301:	"How To Complete"/Upstate Application
PUB-1301NYC:	"How To Complete"/New York City Application
PUB-1313:	"How To Complete"/Upstate Recertification Form
PUB-1313NYC:	"How To Complete"/New York City Recertification Form

The Revision Date on all of these forms was changed to 4/96. The following changes were made to the individual forms:

I. REVISIONS TO THE UPSTATE APPLICATION (DSS-2921), THE NEW YORK CITY APPLICATION (DSS-2921NYC) and THE NEW YORK CITY RECERTIFICATION FORM (DSS-3174NYC)

A. Page 4 - Change the veterans questions to:

- o Have You Ever Served in the Military (Army, Navy, etc.)?
- o Has Your Spouse Ever Served in the Military (Air Force, Marines, etc.)?
- o Is Anyone in the Household a Dependent of Someone Who Served in the Military?

B. Page 5, "Resources"

Change "Motor Vehicle" question to:

Has Title or Registration to a Motor Vehicle(s) or Other Vehicle(s).

C. Page 6, "Other Expenses"

Bold "Pays" in "Pays Child Support".

"Additional Information Required"

Change question to "...found guilty of and/or been disqualified for Public Assistance and/or Food Stamp fraud...".

D. Page 7, "Social Security Number"

Add the following as the second-to-last sentence:

For FS applicants and recipients, the SSN will be matched to Child Support Enforcement records".

In the last sentence, change "apply for SSNs" to "supply SSNs".

"Penalties"

Change the second-to-last sentence to:

Federal and State law provide that any transfer of assets for less than fair market value made by an individual or an individual's spouse, within the 36 months (or 60 months in the case of trust related transfers) prior to the first of the month in which the individual is both in receipt of nursing facility services and has submitted an application for Medical Assistance, may render the individual ineligible for nursing facility services or home and community based waived services for a period of time. This provision applies only to transfers made on or after August 11, 1993.

"Non-Discrimination Notice"

Change "handicaps" to "disability".

E. Page 8

"Life Line"

Change "New York Telephone Company" to "NYNEX".

"Certification"

Delete the second to last sentence:

I understand that under certain circumstances a recovery may be made from my estate for MA I received when I was 55 years of age or older.

F. Back Page

THE APPLICATION TO REGISTER TO VOTE has been revised by the New York State Board of Elections.

II. REVISION TO THE UPSTATE RECERTIFICATION (DSS-3174)

A. Page 3, "Alien Status"

In the shaded "Documentation" worker box, delete "Documentation" from "Alien Status Documentation".

B. Page 4, "Absent Parent/Child Support/Medical Support"

"Documentation" box

- o Change to "IV-D (DSS-2860)" and move to the "Referrals" box.
- o Change "VA Referral (VA-3288)" to "VA Benefits".

"Referrals" box

- o Delete "Referral" from "Paternity", "Legal", "SSA", "VA" and "C/THP".
- o Add "CAP".

C. Page 5, "Medical"

"Documentation" box

Change "Medical Bills" to "Paid or Unpaid Medical Bills".

"Referrals" box

Add "Veteran's" and "AD".

"Consider" box

Add "Kreiger".

D. Page 6, "Shelter"

"Documentation" box

Change "Title Search" to "Mortgage/Title Search".

"Consider" box

Add "AIDS/HIV Emergency Shelter Allowance".

"Other Monthly Expenses" column (in SHADED area)  
Add the following two columns:

- o In Whose Name Is The Bill? (Customer Of Record)
- o Who Is The Tenant Of Record?

E. Page 7 "Unearned Income"

"Documentation" box

Add "Quarterly Report (DSS-4310)" and "SSA Info. Request (SSA-1610)".

F. Page 8, "Employment"

- o At the bottom, add the following:

For each two-parent case that is not already ADC-U Eligible, Has an ADC-U Screening Checklist (DSS-2502) Been Completed?    \_\_\_ Yes    \_\_\_ No

(For Families Transferring their ADC-U Case from another county, get a copy of the ADC-U Screening Checklist to continue ADC-U.)

ADC-U Eligibility Decision:    \_\_\_ Eligible    \_\_\_ Not Eligible

- o Shaded Area

- o Top - Add "Principal Wage Earner".

- o "Documentation" box

Add:

- Self-Emp. Worksheet
- Emp. Registration Form
- Work History Sheet

- o "Referrals" box

Add:

- Employment
- CAP

- o "Consider" box

Add:

- HR Repayment and Assignment of Future Earnings
- If Gross Earned Income Includes EIC Advance That Must Be Excluded
- Cintrak/RFI
- FS Dependent Care Deductions
- Explain Quarterly Reporting Requirements
- QTS

G. Page 9 "Training"

In the shaded area, change "59" to "49".

H. Page 10 "Resources"

o Change "Motor Vehicles" to "Title Or Registration To Motor Vehicles".

o "Documentation" box

- Change "Car Title" to "Car/Vehicle Title".
- Add "Car/Vehicle Registration".

o New "Referrals" box

Add the following:

- Legal
- Resource

I. Page 12, "Additional Information"

o "Other Expenses"  
Unbold "Pays" in "Pays Alimony".

o Change the Veterans Questions To:

- Have You Ever Served in the Military (Army, Navy, etc.)?
- Has Your Spouse Ever Served in the Military (Air Force, Marines, etc.)?
- Is Anyone in the Household a Dependent of Someone Who Served in the Military?

o "Non-Discrimination Notice"  
Change "handicaps" to "disability".

o Change seventh question to "...found guilty of and/or been disqualified for Public Assistance and/or Food Stamp fraud..."

- o New "Documentation" box with the following:
  - Child Care Statement
  - Recoupments
  - Outst. Overpayments
  - Pending Disqual.
  - District of Fiscal Responsibility (SSL 62.5d)

J. Page 13

- o "Social Security Number"
  - Add the following as the second-to-last sentence:  
For FS applicants and recipients, the SSN will be matched to Child Support Enforcement records".
  - In the last sentence, change "apply for SSNs" to "supply SSNs"

- o "Penalties"

Change the second-to-last sentence to:

Federal and State laws provide that any transfer of assets for less than fair market value made by an individual or an individual's spouse, within the 36 months (or 60 months in the case of trust related transfers) prior to the first of the month in which the individual is in receipt of nursing facility services and has submitted an application for Medical Assistance, may render the individual ineligible for nursing facility services or home and community-based waived services for a period of time. This provision applies only to transfers made on or after August 11, 1993.

K. Page 14

- o "Life Line"  
Change "New York Telephone Company" to "NYNEX".

- o "Certification"  
Delete the second to last sentence:  
I understand that under certain circumstances a recovery may be made from my estate for MA I received when I was 55 years of age or older.

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L. Back Page

THE APPLICATION TO REGISTER TO VOTE has been revised by the State Board of Elections.

III. "HOW TO COMPLETE" PUBLICATIONS (Pub-1301, PUB-1301NYC, PUB-1313, PUB-1313NYC)

Page 6, "Property Transfer Status" (Section 20)  
Change the second sentence to read:

If you or your spouse transfer or give away any assets within the 36 months (60 months for transfers to a trust) prior to the first of the month in which you are in receipt of nursing facility services and have submitted an application for Medical Assistance, you may not be eligible to receive nursing facility services or home and community-based waived services under the Medical Assistance Program. This provision applies to transfers made on or after August 11, 1993.

IV. FORMS ORDERING

Your district will NOT automatically receive supplies of these revised forms. You may continue to use the previous (4/95) versions of these forms until your stock is depleted, or until October 1996, whichever occurs first. Combinations of 4/95 and 4/96 forms and publications MAY BE USED.

Reorders will be filled with the 4/96 version.

Requests for Spanish and English versions of these forms should be submitted on Form DSS-876: "Request for Forms or Publications", and should be sent to:

New York State Department of Social Services  
Bureau of Forms and Print Management  
P. O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to Don Parker by calling 1-800-343-8859, extension 4-2702.

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David P. Avenius  
Deputy Commissioner, Management  
Support and Quality Improvement