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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 90 INF-34

TO: Commissioners of  
 Social Services

DIVISION: Income  
 Maintenance

DATE: July 5, 1990

SUBJECT: Revision to Monthly Reporting Data Mailers (DSS-3469;  
 DSS-3469A) and Monthly Reporting Instructions  
 (DSS-3469B; DSS-3469B(S))

SUGGESTED

DISTRIBUTION: Income Maintenance Directors  
 Employment Coordinators  
 WMS Coordinators  
 Staff Development Coordinators

CONTACT PERSON: Wayne Marquit  
 IM/WMS Program Operations  
 1-800-342-3715, extension 6-3413

ATTACHMENTS: Attachment A - DSS-3469: "Monthly Reporting First  
 Mailer" - (not available on-line)  
 Attachment B - DSS-3469A: "Monthly Reporting Second  
 Mailer" - (not available on-line)  
 Attachment C - DSS-3469B: "Monthly Reporting  
 Instructions" - (not available on-line).  
 Attachment D - DSS-3469B(S): "Monthly Reporting  
 Instructions (Spanish)" - (not available  
 on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 INF-24	89 INF-24	351.24 352.17(f) 352.28 387.17(d)		PASB Section V-E-1-all FSSB Section XIII-all	

The purpose of this release is to introduce revisions to the following forms:

- DSS-3469 - This is the Monthly Reporting First Data Mailer, which local districts require each public assistance household, subject to monthly reporting requirements, to file in order to report on household circumstances as a condition of continued eligibility and assistance.
  
- DSS-3469A - If the Monthly Reporting First Data Mailer is not returned and/or processed by the eighth day of each month, this Monthly Reporting Second Data Mailer will be mailed to each public assistance household subject to monthly reporting requirements.
  
- DSS-3469B - This pamphlet (Monthly Reporting Instructions) is designed to provide public assistance applicants/recipients with information concerning Monthly Reporting, and to assist recipients with completing the Monthly Reporting Data Mailers (DSS-3469; DSS-3469A).
  
- DSS-3469B(S) - This is the Spanish version of the DSS-3469B (Monthly Reporting Instructions).

Please note that the New York City version of the DSS-3469 (DSS-3469 NYC) is not being revised at this time.

The revisions to the (8/87) versions of the DSS-3469 and DSS-3469A, which are included in the (5/90) version (see attached), are listed below:

DSS-3469:

1. Added the following statement to the General Instructions on the first page of the insert:
  - "5. If you cannot comply for reasons beyond your control or due to a physical or mental condition or a problem caused by the district, call your worker to explain why."
  
2. Added the following statement to the General Instructions on the second page (Spanish) of the insert:
  - "Si usted no puede cumplir por razones fuera de su control o debido a una condición física o mental, o a un problema causado por el distrito, llame a su trabajador(a) para explicarle la razón."

DSS-3469 and DSS-3469A:

On the return envelope:

1. In the box for "FIRST CLASS PERMIT NO.," added the word "MAIL" after "FIRST CLASS;"
2. Just under this box, changed all the letters in each word to capitals for the term "POSTAGE WILL BE PAID BY ADDRESSEE."

The revisions to the (3/89) versions of the DSS-3469B and DSS-3469B(S), which are included in the (5/90) version (see attached), are listed below:

DSS-3469B:

On the inside of the instruction pamphlet, in the large boxed-in area, under General Instructions, added the following statement:

"5. If you cannot comply for reasons beyond your control or due to a physical or mental condition or a problem caused by the district, call your worker to explain why."

DSS-3469B(S):

On the inside of the instruction pamphlet, just above the line that divides the page, and under the heading "Instrucciones Generales", added the following statement:

"5. "Si usted no puede cumplir por razones fuera de su control o debido a una condición física o mental, o a un problema causado por el distrito, llame a su trabajador(a) para explicarle la razón."

The printed copies of these forms are scheduled to be delivered to the State warehouse in August 1990. In those limited instances where your district manually uses the DSS-3469 and DSS-3469A, you may continue to use the existing supplies through the mailing of the August 1990 first and second mailers. The existing supplies of the DSS-3469B and DSS-3469B(S) should be used until the initial mail-out of the revised Monthly Reporting Mailers.

Requests for additional copies of these 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)

Date July 5, 1990

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Questions concerning ordering the forms should be directed to OSD by calling 1-800-342-4100, extension 6-6223.

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Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Income Maintenance