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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 94 INF-30

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: June 22, 1994

SUBJECT: Revision of "Notice of Responsibilities and Rights
 for Support" (DSS-4279)

SUGGESTED

DISTRIBUTION: Public Assistance Staff
 Food Stamp Staff
 CSEU Staff
 SCU Staff
 CAP Coordinators
 Medical Assistance Staff
 Staff Development Coordinators
 Forms Coordinators

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

ATTACHMENTS: Attachment I - Revised DSS-4279: "Notice of
 Responsibilities and Rights for
 Support" (Rev. 4/94) -
 (not available on-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
92 ADM-40		347.5(a)	SSL 101	PASB	
91 ADM-40		347.8	111	VIII-T-1-	
94 INF-2		347.10	132-a	All	
		347.17	158	IX-C-1-10	
		351.2(e)	348	FSSB	
		352.14(a)(1)	349-b	XII-C-1,	
		369.2(b)	366(2)	XII-G-1 & 2	
		370.2(c)(3)	FCA 413	CSEM	
		370.2(d)(8)	DRL 240	Vol. 1	

The purpose of this release is to introduce revisions to the DSS-4279: "Notice of Responsibilities and Rights for Support" (Rev. 4/94) and its Spanish version (DSS-4279-S). The primary revisions were additions of Medical Assistance wording to provide clarification of that program's procedures.

The revisions to this form are outlined below:

I. The Revision Date was changed to "4/94".

II. Front

A. "Your Responsibilities" Section

1. In the first sentence, "/Medical Assistance (MA) application" was added after "Public Assistance (PA) application".
2. The following was added as the new "I":

Tell your worker if you are pregnant or were pregnant in the last two months because some of the requirements below may not apply to you at this time.
3. The original "I" and "II" were renumbered to "II" and "III".
4. New Number III, First Paragraph
 - a. In the second line, which lists legal citations, "366(2)" was added.
 - b. In the third sentence, "or MA" was added after "PA".
5. New Number III, Second Paragraph
 - a. In the introductory "To cooperate..." sentence, "may" was changed to "will".
 - b. The beginning of the first bullet was changed to "Go to the PA office and, if required, to the child support office and court...".
 - c. In the second bullet, "or MA" was added after "PA".
 - d. In the fourth bullet, "or MA" was added after "PA".
 - e. In the "Note", "/MA" was added between "PA" and "application".

B. "Your Rights If You Do Not Cooperate" Section

1. In the "Note" under "B", "or MA" was added after "PA" and also at the end of the sentence after "grant".
2. In the Note above "II", "State" was deleted from "Child Support Enforcement Unit (CSEU)".
3. In Section II, first bullet, "or MA" was added after "PA".

Districts must continue to give and explain the DSS-4279 (Rev. 4/94) to each Public Assistance (PA) and Medical Assistance (MA) applicant and recipient when a referral to the Child Support Enforcement Unit (CSEU) for paternity establishment and/or child support is required. If an applicant/recipient indicates on the DSS-4279 (Rev. 4/94) that good cause for refusing to cooperate is claimed, district staff must determine whether good cause exists using the procedures described in PASB VIII-T-1.13-1.18.

The following is an explanation of the delivery schedule for the new English and Spanish forms:

I. Upstate Districts

- A. Delivery of the 4/94 English version of the DSS-4279 to the Albany Warehouse should be in July 1994. Your district will not automatically receive supplies.
- B. A clear photocopied master of the revised 4/94 Spanish version (DSS-4279-S) is available and can be ordered by any district which requires Spanish forms. The district must then reproduce the form locally.

II. New York City

- A. Delivery of the 4/94 English version of the DSS-4279 to the NYC/HRA Warehouse should be in July 1994.
- B. Delivery of the 4/94 Spanish version of the DSS-4279 (DSS-4279-S) to the NYC/HRA Warehouse should be in August 1994.

In order to ensure that usage of the revised forms begins within a reasonable amount of time, you may continue to use the existing (9/93) versions of these forms until your stock is depleted, or until September 1994, whichever occurs first.

Requests for these forms should be submitted on Form WMS-47 (Rev. 09/89): "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

Date June 22, 1994

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

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