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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 97 INF-7

TO: Commissioners of
 Social Services

DIVISION: Temporary
 Assistance

DATE: April 29, 1997

SUBJECT: Revision of DSS-3604: "Notification of ADC Change"

SUGGESTED
 DISTRIBUTION: Income Maintenance Directors
 Child Support Enforcement Staff
 Staff Development Coordinators

CONTACT PERSON: Regional Representatives: Region I (518-473-0332);
 Region II (518-474-9344); Region III (518-474-9307);
 Regional IV (518-474-9300); Region V (518-473-1469);
 Region VI (212-383-1658)
 Forms: Bob Gullie (User ID:AV1060) 1-800-343-8859
 ext. 4-6055

ATTACHMENTS: DSS-3604 (Rev. 2/97): "Notification of ADC Change" -
 not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
85 INF-8	85 INF-8	369.2 (b)			

DSS-329EL (Rev. 9/89)

The purpose of this release is to notify local districts of the revisions to form DSS-3604: "Notification of ADC Change". Since 1985, this non-mandated form has been used by Aid to Dependent Children (IV-A) staff to inform Child Support Enforcement (IV-D) staff of a relevant change in the status of a referred ADC recipient.

Below are changes to the DSS-3604 which were incorporated into the 2/97 version of this form.

1. General - The revision date was changed to 2/97.
2. Section II B - The wording for the first check box was changed to read:

FNP Pregnancy Allowance Supplement issued on:

3. The asterisked (*) note at the bottom of the page was changed to delete any reference to a local equivalent for form, DSS-2860: "Child Support Enforcement Referral".

The revised 2/97 version of the DSS-3604 is expected to be delivered to the Albany warehouse sometime in June 1997. Local districts will not automatically receive copies of these forms.

In order to ensure that usage of the revised form begins within a reasonable amount of time, local districts may continue to use the previous 9/84 supplies until stocks are depleted, or until August, 1997 whichever occurs first.

Requests for the 2/97 version of the DSS-3604 should be submitted on Form DSS-876 (Rev. 2/96): "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 the Bureau of Forms and Print Management by calling 1-800-343-8859, ext. 4-2702.

Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance