INFORMATIONAL LETTER	TRANSMITTAL: 90 INF-29
	DIVISION: Income Maintenance

TO: Commissioners of Social Services

DATE: May 15, 1990

SUBJECT: Revision of "Employment Verification" Form (DSS-3707)

SUGGESTED DISTRIBUTION:
Income Maintenance Directors
Food Stamp Directors
Medical Assistance Directors
WMS Coordinators
Staff Development Coordinators

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

ATTACHMENTS: DSS-3707: "Employment Verification" - (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-17 88 INF-66	89 INF-17			PASB IV-C FSSB V-E MARG pp 66,68 & 70 Appendix II p. 10	

The purpose of this release is to introduce the revised "Employment Verification" form (DSS-3707). The form is designed to be mailed directly to an employer at the time of application or recertification.

The revisions to the (12/88) version, which are included in the (4/90) version, are listed below:

FACE PAGE

1. To be consistent with other Department forms, the title of the form has been added to the top right-hand corner.

2. At the request of the Division of Medical Assistance, in the boxed-in section on the "Abstract of Section 143 of the NY State Social Services Law", fourth line, the word "care" has been changed to "medical assistance".

3. In the boxed-in area for wages:

   - In the box "Gross Pay Excluding EITC*", "EITC*" was changed to "EIC*".
   - The box for "EITC*", was changed to "EIC*".

REVERSE PAGE

At the request of the Division of Medical Assistance, under question #4, the information on Third Party Health Insurance (TPHI) was reformatted as follows:

a. Is health insurance available to:

   The employee? ____ Yes ____ No

   The employee's family? ____ Yes ____ No

b. Is the employee and/or his/her family enrolled? ____ Yes ____ No

   If yes, who is covered? _____

   _____

c. Name and address of Insurance Carrier _____

   Effective date of coverage _____

   Policy # _____

Attached is a sample copy of the revised DSS-3707. In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the existing (12/88) supply until your stock is depleted, or until September 1, 1990, whichever occurs first.

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)

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

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