



Office of Temporary and Disability Assistance

KATHY HOCHUL
Governor

DANIEL W. TIETZ
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

General Information System (GIS) Message

Section 1

Transmittal:	23 TA/DC042 Upstate and New York City
Date:	May 22, 2023
To:	Subscribers
Suggested Distribution:	Commissioners, TA Directors, HRA Center Directors, Employment Coordinators, Staff Development Coordinators, WMS Coordinators
From:	Valerie Figueroa, Deputy Commissioner Employment and Income Support Programs
Subject:	Release of the Revised LDSS- 4571: “Alcohol and Drug Abuse Screening and Referral Form”
Effective Date:	Immediately
Contact Information:	Temporary Assistance Bureau: (518) 474-9344 or otda.sm.cees.tabureau@otda.ny.gov
Attachments:	LDSS 4571: “Alcohol and Drug Abuse Screening and Referral Form”

Section 2

The purpose of this GIS message is to inform social service districts (districts) that the [LDSS-4571](#): “Alcohol and Drug Abuse Screening and Referral Form”, has been revised to remove the client signature portion of the form to accommodate screenings performed by telephone or other digital means, as face-to-face interviews are no longer required. In addition, the “*Behavior Observation*” section has been updated to reflect that completion is only necessary if the interview occurs face-to-face or an impairment is evident when the interview is conducted by alternate means.

Districts must continue substance use/abuse screenings for Temporary Assistance Applicants/Recipients using the LDSS 4571: “Alcohol and Drug Abuse Screening and Referral Form”, in accordance with current policy. If performing the screening by telephone or other digital means, it must be noted on the form and in the case record that the screening was performed in such manner and the form must be signed and dated by the worker conducting the screening. Please refer to [22 ADM-10](#) for further information.

Forms Information

- The revised English and Spanish versions of the LDSS-4571: “Alcohol and Drug Abuse Screening and Referral Form” are printed by the New York State Office of Temporary and Disability Assistance (OTDA).

- The above referenced document has been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and may be available for downloading by districts for reproduction locally, depending on print specifications.
- Upon the release of this GIS, all previous versions of the LDSS-4571: “Alcohol and Drug Abuse Screening and Referral Form” **must immediately be destroyed and replaced** with the 11/22 version.
- Any future requests for printed copies of the English version, should be submitted to the OTDA. Please use [OTDA Form 876 \(PDF\)](#) and email it to: forms.orders@otda.ny.gov.
- Questions concerning ordering forms should be directed to BMS Document Services at (518) 474-9522.
- Any previously approved Local Equivalent of this form must be resubmitted, reflecting the current updates, to the mailing address below for review and approval.

Otda.sm.Local.Equivalent.Requests@otda.ny.gov