
INFORMATIONAL LETTER

TRANSMITTAL: 95 INF-16

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: April 28, 1995

SUBJECT: Revision of "Shelter Verification" Form (DSS-3668)

SUGGESTED

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

CONTACT PERSON: Bob Gullie
 IM/WMS Program Operations, at 1-800-343-8859,
 extension 4-6501 (AV1060)

ATTACHMENTS: DSS-3668 (Rev. 1/95): "Shelter Verification" - not
 available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-29 94 INF-38	94 INF-38			PASB IV-C-3 XIII-D-all iv-31.4 and 31.5 FSSB V-E-1.1 thru 1.4 v-9.4-9.5 v-9.9	

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Delivery of the revised DSS-3668 to the Albany Warehouse is expected in May, 1995. Your district will not automatically receive copies. Requests for the DSS-3668 should 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 Customer Support Services (OCSS)

You may continue to use the previous (5/94) version of this form until your stock is depleted or until August, 1995, whichever occurs first. Reorders will be filled with the 1/95 version.

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

Robert N. Seaman
Deputy Commissioner
Division of Economic Security