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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 94 INF-18

TO: Commissioners of  
 Social Services

DIVISION: Economic  
 Security

DATE: April 18, 1994

SUBJECT: Revision of "School Attendance Verification" Form  
 (DSS-3708)

SUGGESTED

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

CONTACT PERSON: Bob Gullie  
ES/WMS Program Operations  
 1-800-343-8859, extension 4-6501

ATTACHMENTS: DSS-3708: "School Attendance Verification" -  
 (not available on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 INF-27	90 INF-27	369.2(c) 369.4(e)		<u>PASB</u> iv-31.3, VIII-F-2, VIII-G-all and VIII-S-2 <u>MARG</u> pp 23,24,27,29 41 and 48 Appendix II 6.1,	

The purpose of this release is to introduce the revised "School Attendance Verification" form (DSS-3708). The form is designed to be mailed directly to the school at the time of application or recertification.

Listed below is a detailed summary of all the changes which were incorporated into this revision:

- A. FACE PAGE - The revision date was changed to 2/94.
  
- B. REVERSE PAGE
  - 1. The revision date was changed to 2/94.
  - 2. Question 1.A. was revised and reformatted to get more specific information regarding a child's enrollment status and actual school attendance.
  - 3. Question 1.B. was reformatted.
  - 4. Question 2 was reformatted.
  - 5. The "address section" of Question 3 was reformatted to be consistent with other WMS forms.
  - 6. The "address section" of Question 5 was reformatted to be consistent with other WMS forms.
  - 7. The "address section" of Question 6 was renumbered as question 7 and was reformatted to be consistent with other WMS forms.
  - 8. A new question, Question 8, was added to find out whether a school district requires children to attend school to the end of the school year during which they turn age 16 or to age 17.

Attached is a sample copy of the revised DSS-3708. In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the existing (4/90) supply until your stock is depleted, or until June 30, 1993, 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 Customer Support Services (OCSS)

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Questions concerning ordering the forms should be directed to OSD by calling 1-800-343-8859, extension 6-6223.

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