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|        INFORMATIONAL LETTER        |        TRANSMITTAL:  91 INF-65
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                                             DIVISION:  Income
  TO:            Commissioners of                      Maintenance
                 Social Services


                                             DATE:  November 26, 1991

  SUBJECT:       Revision to Public Assistance ABEL Budget Narratives
                 (DSS-3951, DSS-3952, DSS-3953, DSS-3954) (Rev. 10/91)




  SUGGESTED
  DISTRIBUTION:  All Income Maintenance Staff
                 Staff Development Coordinators
                 Forms Coordinators




  CONTACT PERSON:  IM/WMS Program Operations
                   Gene Reilly
                   1-800-342-3715, extension 6-3591


  ATTACHMENTS:   Attachment I   - DSS-3951
                 Attachment II  - DSS-3952
                 Attachment III - DSS-3953
                 Attachment IV  - DSS-3954
                 (not available on-line)
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FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
81 ADM-55	89 INF-48	355.1(a)(3)		PASB	
89 INF-53		355.3(a)(1)		VI-B-all	
89 INF-48		358.9(b)		VI-D-all	
		387.20(b)		XII-C-all	

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  DSS-329EL (Rev. 3/89)
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The purpose of this release is to introduce the revised (10/91) Public
Assistance ABEL Budget Narratives:

    DSS-3951:   Public Assistance Budget Benefit Narrative
    DSS-3952:   Public Assistance Excess Gross Income Narrative
    DSS-3953:   Public Assistance Excess Net Income Narrative
    DSS-3954:   Public Assistance Lump Sum Ineligibility Narrative

As mandated by 88 ADM-37, upstate local districts are required to provide a
copy of the appropriate Public Assistance ABEL Budget Narrative to a public
assistance applicant or recipient whenever a copy of the public assistance
ABEL budget is presented to the applicant or recipient.

Local Equivalent Forms - All requests for approval of local equivalent forms
must be submitted in accordance with the procedures described in 89 INF-53
and pages 12-1 through 12-5 of the Local District Manager's Guide.

The changed ABEL budget screens were migrated to production on May 6, 1991.
There are no changes to the Food Stamp Budget Narratives at this time.

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

1. DSS-3951, DSS-3953, DSS-3954

    a.   The screen facsimiles were changed to reflect the new WMS screens.

    b.   Section 2

         The following sentences were added to explain PA Additional
         Allowances as displayed in the "OTHER" fields:

         If any amounts are shown opposite the three fields labelled
         "OTHER",   they represent additional allowances to which you may be
         entitled. If amounts are present opposite the third "OTHER" field,
         a supplemental child care allowance has been budgeted.

    c.   Section 4

         o   First Paragraph, changed the second line to read "(Usually the
              allowable costs of doing business are subtracted before being
              recorded on the budget for self-employment income; except
              income from Roomers or Boarder/Lodgers noted in "EXEMPT"
              below.)".

         o   Changed the field heading for :"EXMPT/HR30" to "EXEMPT".

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      o   Revised the first sentence of the explanation for this new "EXEMPT" heading by adding the words "cost of doing business" between the words "exempt" and "will". This change was made to explain the treatment of the exempt amount of Roomer and Boarder/Lodger income.

      o   Deleted the second sentence under the explanation for this new "EXEMPT" heading since the HR $30 income deduction is no longer allowed.

2. <u>DSS-3952</u>

    Revisions to this Narrative are the same as in sections a and b under DSS-3951, DSS-3953, DSS-3954.

Attached are sample copies of the revised Narratives. In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the existing (8/89) supply until your stock is depleted, or until February 1, 1992, 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 forms should be directed to OSD by calling 1-800-342-3715, extension 6-6223.

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