

## UPSTATE INTER-AGENCY DATE OF STATUS (DOS) AND DATE ENTERED COUNTRY (DEC) TRANSMITTAL FORM

**PLEASE PRINT ALL INFORMATION CLEARLY AND INCLUDE ALL DOCUMENTATION TO SUPPORT THE REQUEST TO CHANGE THE DOS OR DEC TO A LATER DATE. BE SURE TO COMPLETE ALL FIELDS AND ENTER ALL RELEVANT DETAILS.**

Applicant/recipient Name: (Last) _____ (First) _____	
Case Number: _____	CIN Number: _____ Line Number: _____
Current Date of Status (DOS): ____/____/____	New Date of Status (DOS): ____/____/____
Current Date Entered Country (DEC): ____/____/____	New Date Entered Country (DEC): ____/____/____
Current Alien Citizenship Indicator Code (ACI): _____	New ACI Code: _____

**REASON FOR CHANGING DOS and/or DEC:** *(Please check the appropriate box.)*

Worker/Data Entry Error \_\_\_\_\_

Misinterpretation of Policy \_\_\_\_\_

Other: *(Please Explain)* \_\_\_\_\_

**IMMIGRATION DOCUMENTATION ATTACHED:**

I-94 Arrival/Departure Record                       I-766 or I-688B Employment Authorization Card

I-797 Notice of Action                                       I-551 Lawful Permanent Resident Card

Other : \_\_\_\_\_

**REFERRAL FROM:** *(Check One)*                       Medical Assistance (DOH)                       Public Assistance (OTDA)

Supervisor's Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Worker's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FINAL DETERMINATION:**

Approve Date: \_\_\_\_\_

Deny Date: \_\_\_\_\_ Reason: \_\_\_\_\_

SIGNATURE/REVIEWED BY STATE PROGRAM STAFF-(DOH)	PHONE NUMBER
SIGNATURE/REVIEWED BY STATE PROGRAM STAFF- (OTDA)	PHONE NUMBER