

(Place on County Letter Head)

**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 \_\_\_\_\_

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