## 89 INF-041

# Protective Services for Adults: Clarification of Eligibility

#### **NEW YORK STATE**

#### DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001



Commissioner



INFORMATIONAL LETTER

TRANSMITTAL: 89 INF-041

**DIVISION:** Adult Services

TO: Commissioners of

**Social Services** 

**DATE:** August 23, 1989

**SUBJECT:** Preventive Services for Adults: Clarification

of Eligibility

**SUGGESTED** 

**DISTRIBUTION:** Directors of Services

Services Staff

**Staff Development Coordinators** 

**CONTACT PERSON:** Any questions concerning this release should be

directed to the district's Adult Services

Representative at 1-800-342-3715 as follows:

Sharon Lane, ext. 432-2985 Kathleen Crowe, ext. 432-2996 Cheryl Flanigan, ext. 432-2997 Marsha Meyers, ext. 432-2864

Irvin Abelman, ext. 432-2980 or (212) 804-1247

**ATTACHMENTS:** Preventive Services for Adults Definition

#### **FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		404.8(b) 429	371		Consolidated Services Plan
					Comprehensive Annual Social Services Program Plan

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Judith Berek

Deputy Commissioner Division of Adult Services attach ment p

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