

## DSS2921 Service Application

PLEASE FILL OUT **ONLY** THESE 6 (SIX) SPECIFICED SECTIONS IN THE APPLICATION BOOKLET

Page 1 Section # 3: Your (parent) name and address

Page 2 Section #6: Please list everyone in your household starting with yourself

Page 3 Section #7: Identify everyone in your household race/ethnicity

Page 4 Section #8: Parent sign your own name for each family member in the household as you are confirming they are citizens

Page 7 Section #15: This page looks at income coming into the home other than employment income. Please estimate if you do not have exact numbers

Page 9 Section #17: Employment information

Page 24 Please sign and date booklet

Link to DSS2921 Application (download in English):

<https://otda.ny.gov/programs/applications/2921.pdf>

*(Application link on C-SPOA website highlights the 6 Sections that are required to be completed for SPOA)*

Link to DSS2921 Application (download in Spanish):

<https://otda.ny.gov/programs/applications/2921-SP.pdf>

*(Application link on C-SPOA website highlights the 6 Sections that are required to be completed for SPOA)*

Return Mailing Address:

ECDSS- Family Wellness-ABP

Suite 356/ Unit 119/ C-SPOA

P.O. Box 120

Buffalo, NY 14202

Drop Off Address:

Appletree Business Park

2875 Union Road, Suite 356

Buffalo, NY 14227