Some fields are pre-filled for you. You can clear these fields and type in your own order information.

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OTDA-876 (Rev. 2/00)

REQUEST FOR FORMS OR PUBLICATIONS

Submit Request To:	Deliver Supply To: (Complete Address)
NYS Office of Temporary and Disability Assistance **Document Services** **P.O. Box 1990** **Albany, N.Y. 12201**	

Instructions:

1. Order forms (by mail) when you **reach** a **two-month** supply.
2. Order a **six-month** supply.
3. Please order forms in **numerical** sequence
4. **Allow 3 weeks** for processing of order

FORM NUMBER	FORM TITLE	QUANTITY REQUESTED	QUANTITY SHIPPED
LDSS-4418	Acknowledgment of Paternity for Upstate Hospitals		
LDSS 4418-NYC	Acknowledgment of Paternity for NYC Hospitals		
LDSS-4418-NYC-S	Acknowledgment of Paternity for NYC Hospitals–Spanish		
LDSS-4418-NYC-	Acknowledgment of Paternity for NYC Hospitals–		
Pub 4719	Establishing Paternity. What You Should Know		
Pub 4719-S	Establishing Paternity. What You Should Know–Spanish		

Agency Submitting Request:			Sent VIA
Signature of Person Submitting Request:	Phone Number	Date Submitted	☐ **UPS** ☐ **Truck** ☐ _____
Cost Center Code	Date Filled	Filled By	

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