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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 95 INF-26

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: August 3, 1995

SUBJECT: Revision of "Food Stamp Change Report Form"
 (DSS-3151) (Rev. 5/95)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
 Food Stamp Directors
 WMS Coordinators
 Staff Development Coordinators
 Forms Coordinators

CONTACT PERSON: Call 1-800-343-8859 and ask for the following:

FS Questions - Your FS County Representative,
 extension 4-9225
 Forms Questions - Bob Gullie, extension 4-6501

ATTACHMENTS: DSS-3151 (Rev. 5/95): "Food Stamp Change Report
 Form" - not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 INF-44	93 INF-44			FSSB Section VI-B-1-all	

The purpose of this release is to introduce the revised (5/95) "Food Stamp Change Report Form" (DSS-3151) (copy attached). This mandated form is used by local districts to solicit information from Food Stamp recipients on changes in household circumstances. Please note that the Spanish version has been revised.

The primary reasons for this revision are:

- o to fulfill requirements of new Federal legislation about Food Stamp medical expenses reporting that was outlined in (94 INF-58).
- o to clarify recent Federal changes to the Food Stamp Intentional Program Violation penalties and fines.

The following are the changes to the 9/93 version of the Food Stamp Change Report Form which were incorporated into the 5/95 revision.

I. GENERAL - The revision date on every page was changed to (Rev. 5/95).

II. PAGE 1

A. The first sentence of the first bullet under the Food Stamp Reporting Rules was changed to read:

If you are required to quarterly report, you must report changes on the Quarterly Report or at Recertification, whichever occurs first.

B. The NOTE under the second bullet was changed to read:

NOTE: If you do not know if you are required to quarterly report, ask your worker.

C. A new third bullet was added under the Food Stamp Reporting Rules section. The new bullet reads:

If you are getting Food Stamps and if you are elderly or disabled, you do not need to report changes to medical expenses at any time other than recertification. However, you may choose to report changes to medical expenses at any time. If you do, we must immediately take appropriate action, including increasing your Food Stamps if the change requires an increase and if proof is provided."

D. A new paragraph was added above the last paragraph on this page. A signature area was also added so clients can stop their Food Stamps if they no longer need them. The new paragraph and signature area will read and look as follows:

If you no longer need Food Stamps, sign here and we will STOP your Food Stamps.

X _____

III. PAGE 4 - The "Food Stamp Penalty Warning" section was revised to read:

FOOD STAMP PENALTY WARNING

THE INFORMATION PROVIDED ON THIS FORM WILL BE SUBJECT TO VERIFICATION BY FEDERAL, STATE AND LOCAL OFFICIALS. IF ANY IS FOUND INACCURATE, YOU MAY BE DENIED FS AND/OR BE SUBJECT TO CRIMINAL PROSECUTION FOR KNOWINGLY PROVIDING FALSE INFORMATION.

ANY MEMBER OF YOUR HOUSEHOLD WHO IS FOUND GUILTY IN A COURT OF LAW- OF BUYING OR SELLING FIREARMS, AMMUNITION OR EXPLOSIVES IN EXCHANGE FOR FS WILL NEVER BE ABLE TO GET FS AGAIN. ANY MEMBER OF YOUR HOUSEHOLD WHO IS FOUND GUILTY IN A COURT OF LAW OF BUYING OR SELLING CONTROLLED SUBSTANCES (ILLEGAL DRUGS OR CERTAIN DRUGS FOR WHICH A DOCTOR'S PRESCRIPTION IS REQUIRED) IN EXCHANGE FOR FS WILL NOT BE ABLE TO GET FS FOR 12 MONTHS FOR THE FIRST OFFENSE AND PERMANENTLY FOR THE SECOND OFFENSE. ANY MEMBER OF YOUR HOUSEHOLD WHO INTENTIONALLY BREAKS ANY OF THE FOLLOWING RULES CAN BE BARRED FROM THE FS PROGRAM FOR 6 MONTHS AFTER THE FIRST VIOLATION, 12 MONTHS AFTER THE SECOND VIOLATION, AND PERMANENTLY AFTER THE THIRD VIOLATION. THE INDIVIDUAL CAN BE FINED UP TO \$250,000, SENT TO JAIL UP TO 20 YEARS, OR BOTH. A COURT CAN ALSO BAR AN INDIVIDUAL FOR AN ADDITIONAL 18 MONTHS FROM THE FS PROGRAM. THE INDIVIDUAL MAY ALSO BE SUBJECT TO FURTHER PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

DO NOT give false information, or hide information to get or continue to get FS.

DO NOT trade or sell FS or food stamp identification/benefit cards for your household.

DO NOT alter food stamp identification/benefit cards to get FS you're not entitled to receive.

DO NOT use FS to buy ineligible items, such as alcoholic drinks and tobacco.

DO NOT use someone else's FS or food stamp identification/benefit cards for your household.

In signing this application, I certify, under penalty of perjury, that the information contained in this application is correct and complete to the best of my knowledge.

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The revised 5/95 version of the DSS-3151 is expected to be delivered to the Upstate (Albany) Warehouse and to the HRA (New York City) Warehouse in September, 1995. The Spanish version of this form (DSS-3151-S) will be available at the same time. Your district will not automatically receive copies of these forms.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 9/93 supplies until your stocks are depleted, or until December 1, 1995, whichever occurs first. Reorders of these forms will be filled with 5/95 versions.

Requests for supplies of these revised forms are to be submitted on Form WMS-47 (Rev. 9/89): "WMS Order Form," and should be sent to:

New York State Department of Social Services
Welfare Management System
P.O. Box 1990
Albany, New York 12201

Attention: Office of Customer Support Services (OCSS)

Questions concerning ordering forms should be directed to OCSS by calling 1-800-343-8859, extension 6-6223.

Patricia A. Stevens
Deputy Commissioner
Division of Economic Security