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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 96 INF-18

TO: Commissioners of
 Social Services

DIVISION: Temporary
 Assistance

DATE: May 3, 1996

SUBJECT: Revision of "Food Stamp Change Report Form"
 (DSS-3151) (Rev. 3/96)

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 Regional Team Liaison

Forms Questions - Bob Gullie, extension 4-6055

ATTACHMENTS: DSS-3151 (Rev. 3/96): "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.
95 INF-26	95 INF-26			FSSB Section VI-B-1-all	

The purpose of this release is to introduce the revised (3/96) "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 reason for this revision is to implement the October 1, 1995, Mickey Leland Hunger Relief Act provision that allows a deduction from food stamp income for legally-obligated child support paid to non-household members.

The following are the changes to the 5/95 version of the Food Stamp Change Report Form which were incorporated into the 3/96 version:

I. GENERAL - The revision date was changed on every page to (Rev. 3/96).

II. PAGE 1:

An additional bullet was added to the "The changes in your household circumstances you must report" section. This new bullet reads:

- Changes in child support paid if more than \$50 a month.

II. PAGE 3:

The third section's title, "CHANGE IN CHILD CARE OR OTHER DEPENDENT CARE COSTS", was changed to:

CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID

The revised 3/96 version of the DSS-3151 is expected to be delivered to the Upstate (Albany) Warehouse and to the HRA (New York City) Warehouse in June, 1996. 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 5/95 supplies until your stocks are depleted, or until August, 1996, whichever occurs first. Reorders of these forms will be filled with 3/96 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)

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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 Temporary Assistance