

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 01 INF-5

TO: Commissioners of  
 Social Services

DIVISION: Temporary  
 Assistance

DATE: January 30, 2001

SUBJECT: Revision of "Food Stamp Change Report Form"  
 (LDSS-3151) (Rev. 9/00)

SUGGESTED

DISTRIBUTION: Temporary Assistance Directors  
 Food Stamp Directors  
 WMS Coordinators  
 Staff Development Coordinators  
 Cap Coordinators  
 Forms Coordinators

CONTACT PERSON: Program Questions:  
 FS Policy - Eastern Team at 1-800-343-8859,  
 extension 3-1469

Forms Questions:  
 Bob Gullie, DTA/IATT, 1-800-343-8859,  
 extension 4-6055 (AV1060)

ATTACHMENTS: LDSS-3151 (Rev. 9/00): "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.
96 INF-18	96 INF-18			FSSB Section VI-B-1-all	

The purpose of this release is to introduce the revised (9/00) "Food Stamp Change Report Form" (LDSS-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 also been revised.

The primary reasons for this revision are to:

Update the Intentional Program Violation (IPV) penalty period language.

Update changes in the earned and unearned income reporting requirements.

The following are the changes to the 3/96 version of the Food Stamp Change Report Form which were incorporated into the 9/00 version:

I. General:

- a. The revision date was changed on every page to reflect a new date of 9/00.
- b. All references to "New York State Department of Social Services" were changed to "New York State Office of Temporary and Disability Assistance".
- c. All references to "Food Stamps" (coupons) were changed to "Food Stamp benefits".
- d. All "Public Assistance" references were changed to "Temporary Assistance".
- e. All "PA worker" references were changed to "TA worker".

II. Page 1:

- a. The 2nd bullet was changed to read:
  - o Changes in your total household earned income when it goes up or down by more than \$100 a month.
- b. A new bullet was added that reads:
  - o Changes in your total household unearned income when it goes up or down by more than \$25 a month.
- c. In the last paragraph at the bottom of the page, the penalty period you could be barred from the Food Stamp Program was changed from "6 to 12 months" to "1 to 10 years".

III. Page 2:

The wording in the "CHANGE IN INCOME OR SOURCE OF INCOME SECTION" at the top of page 2, was changed to read:

You must tell us if the total unearned income received by your household goes up or down by more than \$25 a month. In addition, you must tell us if the total earned income received by your household goes up or down by more than \$100 a month. In figuring the change, use your households total monthly income before deductions such as taxes, or retirement or union dues are taken out. You don't have to report changes in your temporary assistance. You must also tell us if there is a change in your source of income.

IV. Page 4:

- a. In the the 2nd paragraph that describes the IPV penalty periods:
  - 1. The penalty in the 2nd sentence was changed from 12 months to 24 months.
  - 2. The penalties in the 3rd sentence were changed from 6 months to 12 months and, 12 months to 24 months.
- b. The following new language was added after the second paragraph of the FOOD STAMP PENALTY WARNING section and before the DO NOT statements:

Any member of your household who is convicted of an offense for knowingly using, transferring, acquiring, altering or possessing food stamp coupons, authorization to participate cards or access devices in any unauthorized manner is permanently ineligible for food stamps if such food stamp coupons, authorization to participate cards or electronic devices have a value of \$500 or more.

Any member of your household who is found to have made a false statement or representation about their identity or place of residence in order to receive multiple food stamp benefits at the same time is ineligible to receive food stamps for 10 years.

Any member of your household who is fleeing to avoid prosecution, custody or confinement after conviction, for a crime, or attempt to commit a crime, that is a felony under the law of the place from which the member is fleeing (in the case of the state of New Jersey, is a high misdemeanor under the law of New Jersey) is ineligible to receive food stamps. Any member of your household who is violating a condition of probation or parole is ineligible to receive food stamps.

The revised 9/00 version of the LDSS-3151 is expected to be delivered to the Upstate (Albany) Warehouse and to the HRA (New York City) Warehouse in March 2001. The Spanish version of this form (LDSS-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 3/96 supplies until your stocks are depleted, or until May, 2001, whichever occurs first. Reorders of these forms will be filled with 9/00 versions.

Requests for the LDSS-3151 (Rev.9/00) and LDSS-3151-S (Rev.9/00) should be submitted on OTDA-876 (Rev. 6/98): "Request For Forms or Publications" form, and should be sent to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, extension 2-0159.

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Patricia A. Stevens  
Deputy Commissioner  
Division of Temporary Assistance