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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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ALBANY, NY 12243-0001

Brian J. Wing
Commissioner

Informational Letter

Section 1

Transmittal:	02 INF 13
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	April 30, 2002
Subject:	Revision of the LDSS-3558: "Food Stamp Separate Determination Input Form" (Rev. 2/02)
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859, Extension 4-6055 Program Questions: Eastern Region - (518) 473-1469 Central Region - (518) 474-9344 Western Region - (518) 473-0332 Metro Region - (212) 383-1658 WMS Questions: (518) 474-8749
Attachments:	Attachment - LDSS-3558: "Food Stamp Separate Determination Input Form" (Rev.2/02)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INF's	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 ADM-16 00 INF-11 02 INF-4	02 INF-4				Abel Trans 01-5 WMS/CNS Letters 7/3/01 and 8/23/01

Section 2

I. Purpose

The purpose of this INF is to introduce the revised LDSS-3558: "Food Stamp Separate Determination Input Form" (2/02) (Copy attached).

II. Background

This data entry input form supports the Upstate WMS Separate Determination Process.

It also is used to collect the information needed to conduct separate determinations for Food Stamp Benefits when a Temporary Assistance case is closed.

III. Program Implications

The latest revision of the LDSS-3558 is dated 2/02 and reflects:

1. The addition of a second set of "HEAP Vendor ID/Customer Account" fields.

These fields are also being added to the WMS input screens to accommodate additional energy vendor identifiers. We expect that these fields will be available for data entry use by mid-summer.

2. The addition of three "AMOUNT" fields, one after each of the "PAY LN" fields. These "AMOUNT" fields were inadvertently removed during the last revision of this form.

IV. Additional Information

Forms Requests

The revised 2/02 version of the LDSS-3558 has already been delivered to the Upstate (Albany Warehouse). Your district will **not** automatically receive copies of the revised form. In order to ensure that the usage of the revised forms begin within a reasonable amount of time, you may continue to use the previous 10/01 supplies until your stocks are depleted, or until July 2002, whichever occurs first.

Requests for the LDSS-3558 (Rev.2/02) should be submitted on form OTDA-876 (Rev.6/98): "Request for Forms or Publications" form, and should be sent to:

NYS 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, Ext. 2-0164.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance