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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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Commissioner

Informational Letter

Section 1

Transmittal:	02 INF18
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	July 8, 2002
Subject:	Revision of the LDSS-3151: "Food Stamp Change Report Form": (Rev. 5/02)
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-3151 (Rev. 5/02)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
02 INF-8	02 INF-8			FSSB Section VI-B-1 all	

Section 2

I. Purpose

The purpose of this release is to introduce the revised (5/02) LDSS-3151: “Food Stamp Change Report Form” (copy attached). This **mandated** form is used by local districts to solicit information from Food Stamp Benefits recipients on changes in household circumstances.

The primary reasons for this revision are:

- To clarify when recipients must report changes in medical expenses
- To highlight the distinction between change reporters and six-month reporters.

The following are the changes to the 9/01 “Food Stamp Change Report Form” which are incorporated into the 5/02 version:

A. Page 1

The revision date was changed from 9/01 to 5/02.

B. Page 2

1. The revision date was changed from 9/01 to 5/02.
2. A new second bullet was added that reads:
 - ? Any changes in your household that would result in a penalty as described on Page 5.
3. The original second bullet was changed to the third bullet and the text for this bullet was changed to read:
 - ? You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:
 - 60 years old or older
 - disabled spouses or children of a deceased veteran
 - getting Supplemental Security Income (SSI)
 - getting Social Security Disability payments
 - getting Veteran’s disability benefits
 - getting government disability retirement benefits
 - getting Railroad Retirement disability benefits
 - getting disability-based medical assistance.

If you report and verify an increase in your medical expenses, you may be eligible for more Food Stamp benefits.

C. Page 3

1. The revision date was changed from 9/01 to 5/02.
2. The first sentence of the “Change In Income Or Source Of Income” section was changed to start with a bolded sub-heading, “Change reporters” and another bolded sub-heading was also added, “Six-month reporters”, before the sentence that begins, “If you are subject to six-month reporting requirements.....”

D. Page 4

1. The revision date was changed from 9/01 to 5/02.
2. The first sentence in the “Change In Medical Costs” section was changed to read:

You are only required to report changes in your medical expenses at recertification.

E. Page 5

The revision date was changed from 9/01 to 5/02.

As explained in INF-17, this form must be enclosed when manual TA/FS and NTA/FS notices are sent

II. Additional Information

Forms Requests

The revised 5/02 version of the LDSS-3151 is expected to be delivered to the Upstate (Albany) and the HRA (New York City) warehouse in July 2002. The Spanish version of this form (LDSS-3151-S) will also be revised. Your district will not automatically receive copies of the revised 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 9/01 supplies until your stocks are depleted, or until August, 2002, whichever occurs first. Reorders of these forms will be filled with 5/02 versions.

Requests for the LDSS-3151 (Rev. 5/02) and LDSS-3151-S (Rev. 5/02) should be submitted on Form 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, ext. 2-0164.

Issued By

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Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance