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NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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Brian J. Wing
Commissioner

Informational Letter

Section 1

Transmittal:	02 INF 24
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	September 6, 2002
Subject:	Revisions to the Food Stamp Budget Worksheets (LDSS-3114 and LDSS-3115)
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
Attachments:	Attachment I - LDSS-3114: Food Stamp Benefits Budget Worksheet Attachment II - LDSS-3115: Food Stamp Benefits Budget Worksheet (Elderly and Disabled for Medical and/or Special Shelter Deductions)
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.
98 INF-7 92 INF-19	98 INF-7			FSSB Section X-A-all	

Section 2

I. Purpose

The purpose of this release is to introduce the revised, 9/01, versions of the Food Stamp Budget Worksheets (LDSS-3114 and LDSS-3115).

II. Background

At the time a new or reopened Food Stamp Benefits case is approved, the applicant/recipient receives a copy of their ABEL Budget. If the ABEL Budget is not available, the applicant/recipient

receives a copy of form LDSS-3114 or LDSS-3115, whichever is appropriate. The budget worksheets are also used for training and audit purposes.

III. Program Implications

Listed below is a summary of the changes that were incorporated into the 9/01 revisions:

1. The titles of the forms were changed to “**LDSS-3114: Food Stamp Benefits Budget Worksheet**” and “**LDSS-3115: Food Stamp Benefits Budget Worksheet (Elderly and Disabled for Medical and/or Special Shelter Deductions)**”.
2. The “Revision Dates” were changed to (Rev.9/01).
(LDSS-3114 and LDSS-3115)
3. All “Public Assistance” references were changed to “Temporary Assistance”.
(LDSS-3114 and LDSS-3115)
4. In the “Participation” section, all “coupon” references were removed.
(LDSS-3114 and LDSS-3115)
5. The “Coupon Amount” section was deleted and replaced by a new “Benefit Amount” section. (LDSS-3114 and LDSS-3115)

IV. Forms Information:

The 9/01 revised forms have been printed and were delivered to the Albany warehouse. However, your district will **not** automatically receive copies.

In order to ensure that usage of the revised forms begin within a reasonable amount of time, you may continue to use the previous (3/98) versions until your stocks are depleted, or until November 30, 2002, whichever occurs first. Reorders will be filled with the 9/01 versions.

Future requests for these forms are to be submitted on Form OTDA-876 (Rev.6/98): "Request for Forms or Publications", and should be sent to:

NYS Office of Temporary and Disability Assistance
Document Services
Forms Supply, Control and Distribution
P.O. Box 1990
Albany, New York 12201

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

Patricia A. Stevens
Deputy Commissioner

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance