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NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
40 NORTH PEARL STREET  
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## Informational Letter

### Section 1

<b>Transmittal:</b>	02 INF 26
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	September 17, 2002
<b>Subject:</b>	Revisions to the system generated Periodic Report Form (LDSS-4310) and the printed Follow-Ups to the Periodic Report Form (LDSS-4310A and LDSS-4310A NYC)
<b>Suggested Distribution:</b>	Temporary Assistance Staff Food Stamp Benefits Staff CAP Staff TOP Coordinators Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859, Extension 4-6055 Program Questions: Eastern Region/Food Stamp Policy – (518) 473-1469 Central Region/Public Assistance Policy – (518) 474-9344 Western Region/Heap Policy – (518) 473-0332 Metro Region – (212) 383-1658 WMS Questions: (518) 474-8749
<b>Attachments:</b>	Attachment - I - Sample of Systems-Generated LDSS-4310: “Periodic Report” (8/02) (Statewide) Attachment - II - Sample of Systems-Generated LDSS-4310-S: “Periodic Report” (8/02) (Statewide) (Spanish) Attachment – III – LDSS-4310A: “Follow-Up to the Periodic Report” (8/02) (Upstate) Attachment – IV – LDSS-4310A-S: “Follow-Up to the Periodic Report” (8/02)(Upstate) (Spanish) Attachment – V – LDSS-4310A NYC: “Follow-Up to the Periodic Report” (8/02) (New York City) Attachment – VI – LDSS-4310A-S NYC: “Follow-Up to the Periodic Report” (8/02) (New York City) (Spanish)
<b>Attachments Available On – Line:</b>	<input checked="" type="checkbox"/>

**Filing References**

<b>Previous ADMs/INFs</b>	<b>Releases Cancelled</b>	<b>Dept. Regs.</b>	<b>Soc. Serv. Law &amp; Other Legal Ref.</b>	<b>Manual Ref.</b>	<b>Misc. Ref.</b>
02 ADM-7 01 ADM-14 01 ADM-9 93 ADM-9 02 INF-10 99 INF-12 95 INF-51 94 INF-47 94 INF-13	99 INF - 12	387.17 351.24 366.4(g)		PASB: V-E-4  FSSB: XIII-A-5  MARG:p.8.3	92 LCM – 175; GIS 93 ES/DC003;

**Section 2**

**I. Purpose**

The purpose of this release is to introduce the revised 8/02 versions of the mandated Periodic Report forms:

- **LDSS-4310:** “Periodic Report” (Statewide) (system generated)
- **LDSS-4310-S:** “Periodic Report”(Statewide) (Spanish) (system generated)
- **LDSS-4310A:** “Follow-Up to the Periodic Report” (Upstate)
- **LDSS-4310A-S:** “Follow-Up to the Periodic Report”(Upstate) (Spanish)
- **LDSS-4310A NYC:** “Follow-Up to the Periodic Report”(New York City)
- **LDSS-4310A-S NYC:** “Follow-Up to the Periodic Report” (New York City) (Spanish)

**II. Background**

01 ADM-9 outlined the changes from a “Quarterly Reporting” system to the current “Periodic Reporting”. At that time, all of the “Quarterly Reporting” forms were renamed and redesigned to implement the revised Temporary Assistance and Food Stamp Benefits reporting requirements.

**III. Form Revisions**

The following are the changes to the 8/02 versions of the Periodic reporting forms:

a. **(LDSS-4310; LDSS-4310A and LDSS-4310A NYC)**

The revision dates were changed to 8/02.

b. **(LDSS-4310)**

A new note and clarification was added to the front of the Periodic Report (LDSS-4310) to ensure that the local district address located on the back of the Report appears in the return envelope window when the recipient returns it to the local district.

c. **(LDSS-4310)**

The third “General Instructions” on the front of the Periodic Report (LDSS-4310) was modified to state that the address to which one should return the report is located on the back of the form.

d. **(LDSS-4310; LDSS-4310A and LDSS-4310A NYC)**

The “Reminder” in the General Instructions on the front of the Periodic Reporting forms (LDSS-4310; LDSS-4310A and LDSS-4310A NYC) was changed to include the following new Food Stamp Benefits information:

**Reminder:** For **Temporary Assistance and Medicaid**, you must report any changes to your worker within 10 days. For **Food Stamp Benefits**, you must report within ten days after the end of the month if your total monthly gross income exceeds the 130% limit you have been given. Otherwise, you do not need to report changes at any time other than on this Periodic Report or at Recertification, whichever occurs first. You must contact your worker immediately if any changes occur that affect your **Child Care**.

e. **(LDSS-4310)**

“Unit” and Worker” fields were added to the system generated local district “Return Address” section on the Periodic Report (LDSS-4310) to aid in processing returned reports.

IV. **Program Implications**

**Food Stamps:**

Most food stamp households with earnings are subject to six-month reporting rules, as specified in 01-ADM 09. Households that are subject to six-month reporting rules and are assigned a certification period of seven full months or more, must complete a periodic report between recertifications. These typically would be households that were assigned certification periods of seven full months or greater, because they had no earnings at case opening or recertification. With the exception of Rockland County, all districts must assign households with earnings certification periods of six months or less, unless they receive written approval from OTDA to assign longer certification periods.

**NOTE:**

Periodic Report forms are required to be completed and returned by earned income households with certification periods greater than 6 months (who are subject to six-month reporting rules).

A Food Stamp Change Report form (LDSS-3151) is required to be completed and returned by unearned income households subject to six-month reporting rules (see 02 ADM-7) if they have a reportable change.

**Temporary Assistance:**

There has been no change in Temporary Assistance procedures regarding what had previously been called the Quarterly Reporting system and is now called Periodic Reporting. The only

change for TA is that the form that will be used has been revised as described above.

Only 20 of the 58 districts Statewide and Child Assistance Program (CAP) districts are subject to the Periodic (Quarterly) Reporting Process. These districts must continue to adhere to the guidelines outlined in 18 NYCRR 351.24 for TA and in 18 NYCRR 366.4 (g) for CAP.

## V. Distribution of Periodic Reporting Forms

### A. **LDSS-4310: “Periodic Report” (Statewide)**

#### **LDSS-4310-S: “Periodic Report” (Spanish) (Statewide)**

These system-generated 8/02 versions of the Periodic Reports will be used for the first time Upstate in the September 2002 production run and, it is anticipated, for NYC in the August 2002 run.

In those limited instances where a local district would need a manual English or Spanish Periodic Report, the respective follow-up forms (LDSS-4310A, LDSS-4310A-S, LDSS-4310A NYC or LDSS-4310A-S NYC) must be used.

### B. **LDSS-4310A: “Follow-Up To The Periodic Report” (Upstate), LDSS-4310A NYC: “Follow-Up To The Periodic Report” (New York City) and LDSS-4310A-S NYC: “Follow-Up To The Periodic Report” (New York City) (Spanish)**

The vendor-printed 8/02 versions of the Follow-Up to the Periodic Report (LDSS-4310A, LDSS-4310A NYC and LDSS-4310A-S NYC) are expected to be delivered to the Upstate (Albany) and the NYC/HRA warehouses at the end of November 2002. Distribution of the Upstate form (LDSS-4310A) to the local districts will begin upon receipt of the forms in Albany.

Your district will automatically receive supplies of the Follow-up to the Periodic Report forms based on previous ordering practices. The existing 3/02 versions of the LDSS-4310A, LDSS-4310A NYC and LDSS-4310A-S NYC are made obsolete by the new versions and all existing copies of the old versions must be destroyed, once shipments of the new forms have been received.

### C. **LDSS-4310A-S: “Follow-Up To The Periodic Report” (Upstate) (Spanish)**

The Spanish Upstate version of the LDSS-4310A-S is not printed. However, clear, 8/02 master copies will be available to those local districts that may need to photocopy it.

## VI. Additional Information

### **Forms Requests**

Future Requests for 8/02 versions of the LDSS-4310A (Upstate), the Spanish master copy for LDSS-4310A-S (Upstate), the LDSS-4310A NYC (New York City) and the Spanish printed LDSS-4310A-S NYC (New York City) should be submitted on Form OTDA-876 (Rev. 6/98): “Request for Forms or Publications”, 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. 2-0159.

**Issued By**

**Name: Patricia A. Stevens**

**Title: Deputy Commissioner**

**Division/Office: Division of Temporary Assistance**