

# NEW YORK STATE HOW TO COMPLETE THE TEMPORARY ASSISTANCE (TA) – MEDICAL ASSISTANCE (MA) – MEDICARE SAVINGS PROGRAM (MSP) – FOOD STAMP BENEFITS (FS) RECERTIFICATION FORM

*Whenever you see “Temporary Assistance” or “TA” on the recertification form, it means “Family Assistance” and “Safety Net Assistance”. We call both of these Public Assistance Programs “Temporary Assistance”. Social Services programs were created to give temporary help to those in need. Certain programs now have time limits on how long you can get help. It is important for you to achieve self-sufficiency as soon as you can. The local Department of Social Services is here to help you with your goal of self-sufficiency. In order to help you, we must know who you are and what you need. This is why you have been asked to fill out this recertification form. The things this recertification form will tell us about you are:*

- Who you are
- Where you live
- How you have been living
- How we can help you

The directions and recertification form are numbered by Section to help you. You may write over these numbers when appropriate.

- PLEASE PRINT CLEARLY
- DO NOT WRITE IN THE SHADED AREAS
- BE SURE TO COMPLETE EACH SECTION THAT APPLIES TO YOU
- IF YOU ARE RECERTIFYING AS SOMEONE'S REPRESENTATIVE, PLEASE PRINT INFORMATION ABOUT THAT PERSON, NOT YOURSELF.

**WITHDRAWAL:** IF YOU WANT TO WITHDRAW YOUR RECERTIFICATION FORM, TALK TO YOUR ELIGIBILITY EXAMINER.

**In addition to the LDSS-3174: "Recertification Form", make sure you have been given copies of:**

- **LDSS-4148A:** "What You Should Know About Your Rights and Responsibilities"
- **LDSS-4148B:** "What You Should Know About Social Services Programs"
- **LDSS-4148C:** "What You Should Know If You Have An Emergency"

**NOTA:** La Solicitud y su publicación complementaria están disponibles en Español.

## PAGE 1 OF THE RECERTIFICATION FORM

<p><b>1</b> <u>PROGRAMS:</u></p>	<p>Check (✓) the box for EACH program that you or any household member wants to recertify for. Because of welfare reform, a recertification form for Temporary Assistance is no longer automatically a recertification form for Medical Assistance. <b>If you want to recertify for both Temporary Assistance and Medical Assistance check (✓) the Temporary Assistance and Medical Assistance box. If you want to recertify for the Medicare Savings Program check (✓) the Medicare Savings Program box.</b></p> <p>If you are recertifying for Temporary Assistance and Food Stamp Benefits, and/or Medical Assistance, usually you will be required to have only a single interview for all programs.</p>
<p><b>2</b> <u>DO YOU WANT TO RECEIVE NOTICES IN:</u> <u>WHAT IS YOUR PRIMARY LANGUAGE:</u></p>	<p>Check (✓) the "Spanish and English" <b>or</b> "English Only" box.</p> <p>Check (✓) the English or Spanish or Other box and enter your primary language.</p>
<p><b>3</b></p> <p><u>NAME:</u> <u>MARITAL STATUS:</u> <u>PHONE NO:</u> <u>RESIDENCE ADDRESS:</u></p> <p><u>CARE OF NAME:</u> <u>MAILING ADDRESS:</u> <u>AGENCY HELPING RECIPIENT:</u></p> <p><u>HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS:</u> <u>ANOTHER PHONE:</u> <u>DIRECTIONS TO HOME:</u> <u>FORMER ADDRESS:</u></p>	<p>PRINT your legal name including your first name, middle initial, and last name.</p> <p>PRINT whether you are <b>now</b> single, married, widowed, legally separated or divorced.</p> <p>PRINT your home phone number. Include your area code.</p> <p>PRINT the house number, street, avenue, road, etc., where you now live. <b>Apt No:</b> PRINT the number of your apartment. <b>City:</b> PRINT the city you live in. <b>County:</b> PRINT the county you live in. <b>State:</b> PRINT the state you live in. <b>Zip Code:</b> PRINT the zip code for your address.</p> <p>If you receive your mail in care of someone else, PRINT that name.</p> <p>If you get your mail somewhere other than where you live, PRINT that address in this space.</p> <p>If an agency is helping you recertify, PRINT the name of the agency, the person helping you from the agency and the person's telephone number.</p> <p>PRINT the number of years and/or months that you have lived where you are now living.</p> <p>If you can be reached at someone else's phone, PRINT that person's name and telephone number. If you are working, PRINT your employer's name and telephone number.</p> <p>PRINT directions on how to find your home. Use commonly known landmarks.</p> <p>PRINT the address where you lived before you moved to your present address.</p>

**PAGE 1 OF THE RECERTIFICATION FORM**

- 4 FOOD STAMP BENEFITS RECIPIENTS:** You have the right to turn in your Food Stamp Benefits recertification form during office hours on the same day you get the form. It must be accepted if it has at least your name, address (if you have one) and signature. To figure out if you can get Food Stamp Benefits, however, you will have to fill out the whole form.

- 5 DO ANY OF THESE APPLY TO YOU?** Check (✓) EACH item that applies to you.

**PAGES 2 AND 3 OF THE RECERTIFICATION FORM****HOUSEHOLD MEMBERS INFORMATION**

**LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT RECERTIFYING WITH YOU.** PRINT your full name first. Then PRINT the names of the other people who live with you:

- Check (✓) the type(s) of Assistance each person is recertifying for: Temporary Assistance (TA), Food Stamp Benefits (FS), Medical Assistance (MA), and/or Medicare Savings Program (MSP).

**NOTE: If you are recertifying for the MSP, complete all sections required for MA.**

- PRINT the date of birth and sex for **each** person who is recertifying.
- For each person who is recertifying, PRINT their relationship to you (For example: wife, son, foster child, friend, roomer, boarder, etc.).
- PRINT each person's Social Security Number **unless that person is:**
  - Not recertifying for assistance of any kind; or
  - A pregnant woman who is recertifying **only** for Medical Assistance; or
  - An alien who is recertifying **only** for Medical Assistance or benefits as a result of an emergency medical condition.
- **Highest School Grade Completed:** Enter the highest school grade (1-12) completed for each person recertifying for assistance. If more than 12 years, enter 12. If no formal schooling, enter 0. If you are recertifying **only** for Medical Assistance, you do not have to answer this question.
- **Purchasing or Preparing Meals:** It is important to check (✓) YES or NO to the Question "Does this person (including your minor children) buy food or prepare meals with you?" for every person who lives with you. Sometimes, people who buy food and prepare meals separately may get more Food Stamp Benefits.
- **Race/Ethnic Affiliation:** You must fill out this section for each person recertifying for assistance. Enter **Yes** or **No** if your ethnicity is Hispanic or Latino(a); also enter the letter that best tells your racial background. This information is required by the Federal government. If you do not fill out this section, an interviewer in the agency must fill it out based on observation.

If you are recertifying for Medical Assistance **only**, you may fill out this section if you want to. If you do not fill out this section, an interviewer in the agency may fill it out based on observation.

## PAGE 2 OF THE RECERTIFICATION FORM

**7** OTHER NAMES INFORMATION

**PRINT** any maiden names, names from a previous marriage, or other names which any person listed above has used or now uses.

**8** CHANGE IN HOUSEHOLD MEMBER

Complete this section if anyone has moved **into** or **out of** your household during the past year.

## PAGE 4 OF THE RECERTIFICATION FORM

**9** CITIZENSHIP/ALIEN STATUS INFORMATION

Complete this section if you are recertifying for **Medical Assistance, Temporary Assistance or Food Stamp Benefits**.

**NOTE:** You **DO NOT** have to complete this certification if you are recertifying for **Medical Assistance only** and

- You are pregnant, or
- You are recertifying **only** for coverage for the treatment of an **emergency** medical condition, or
- You are *neither* a **citizen or national of the United States** *nor* an **alien with satisfactory immigration status**. The term “**satisfactory immigration status**” means an immigration status, which does not make the individual **ineligible for benefits under the applicable program**. If you have any questions about your immigration status, please see LDSS-4148B: “What You Should Know About Social Services Programs” or talk to your worker.

**NOTE:** You **DO** have to fill out this section if you are:

- Recertifying for Medical Assistance **only**, but you do not have to include people who do not want Medical Assistance.

**10** CERTIFICATION OF CITIZENSHIP/ALIEN STATUS INFORMATION

If you are recertifying for **Medical Assistance, Temporary Assistance or Food Stamp Benefits**, you **must complete and sign** this written certification of citizenship or satisfactory immigration status.

**NOTE:** The term “satisfactory immigration status” means an immigration status which does not make the individual ineligible for benefits under the applicable program. If you have any questions about your immigration status, please see LDSS-4148B: “What You Should Know About Social Services Programs” or talk to your worker.

**NOTE:** You **DO NOT** have to sign this certification if you are recertifying for **Medical Assistance only** and:

- You are pregnant, or
- You are recertifying **only** for coverage for the treatment of an **emergency** medical condition, or
- You are *neither* a **citizen or a national of the United States** *nor* an **alien with satisfactory immigration status**.

## PAGE 4 OF THE RECERTIFICATION FORM

**CERTIFICATION OF CITIZENSHIP/ALIEN STATUS INFORMATION cont'd**

**NOTE:** You **MUST** sign this certification if you are a **U.S. citizen** or **national**, or **an alien with satisfactory alien status**, and you are recertifying for:

- Temporary Assistance (where there are children in the household or a member of the household is pregnant); or
- Food Stamp Benefits; or
- Medical Assistance (except if the applicant is pregnant); or
- Medicare Savings Program.

A signature and date of signing must be given for all persons recertifying for these benefits, except as noted above.

- An adult household member or authorized representative may sign for all recertifying household members.
- If a recertifying household member is under 18 (or is 18 or older but is unable to sign their own name due to a medical impairment or disability), a household member who is 18 or older must sign for them.

**NOTE:** When signing for another individual, sign *your* own name. **For example**, Mary Doe, when signing for infant Johnny Doe, must sign Mary Doe.

A parent without satisfactory status may sign for his/her *child* who has satisfactory status. **For example**, a mother who does not have satisfactory alien status may still sign the certification for her children who are citizens.

**NOTICE**

**You should not sign this declaration for yourself or for another person who is neither a citizen or national of the United States nor an alien with satisfactory immigration status. Non-citizens without satisfactory immigration status are not eligible for any Temporary Assistance, Food Stamp Benefits or Medical Assistance benefits (except Medical Assistance for a pregnant person or Medical Assistance coverage ONLY for treatment of an emergency medical condition).**

**We may confirm the immigration status of any or all household members recertifying for Temporary Assistance, Medical Assistance benefits or Food Stamp Benefits by submitting the information you give us to the Immigration and Naturalization Service (INS). Information received from the INS may affect your household's eligibility and level of benefits.**

## PAGE 5 OF THE RECERTIFICATION FORM

**NON-CUSTODIAL PARENT/CHILD SUPPORT/MEDICAL SUPPORT INFORMATION**

If you are recertifying for Temporary Assistance, Medical Assistance or the Medicare Savings Program, fill out this Section if any of the following apply:

1. You or anyone who lives with you is pregnant and the father of the unborn child lives someplace else.
2. You are recertifying for any person under 21 and this person's parent(s) lives outside of the household.
3. You are under 21 and your parent(s) do not live with you.

**NOTE:** You do not need to fill out this section if you are recertifying only for Medical Assistance and you are pregnant, gave birth within the past two months, or are recertifying for children under 21 only.

**PAGE 5 OF THE RECERTIFICATION FORM****ABSENT/DECEASED SPOUSE INFORMATION**

- 12** If you are recertifying for Temporary Assistance, Medical Assistance or the Medicare Savings Program, fill out this section. If anyone who is recertifying is married and their husband or wife does *not* live with them, fill out this section as best you can. If you don't know where this person lives now, PRINT their last known address.

**ABSENT CHILD INFORMATION**

- 13** If you are recertifying for Temporary Assistance, Medical Assistance or the Medicare Savings Program, fill out this section. If anyone recertifying has a child under 18 living someplace else, please list the parent and child.

**TEEN PARENT INFORMATION**

- 14** You must complete this section **only** if you are recertifying for Temporary Assistance. If there are teen parents under the age of 18 in your household who are recertifying for assistance, list their names. If the teen parent's child lives in the household, list the child's name.

**PAGE 6 OF THE RECERTIFICATION FORM****INCOME INFORMATION**

Check (✓) YES or NO for yourself or anyone who lives with you. For each "Yes" answer, PRINT the dollar (\$) amount or value and the name of the person who gets the income.

- 15** **NOTE: Food Stamp Benefits** - If you get foster care payments for the care of a foster child or adult, you have two choices. You can choose to include the foster care child or adult and the foster care payments in your Food Stamp Benefits household, or you can choose **not** to include the foster care child or adult and the payments. Ask your worker which way would give you more Food Stamp Benefits.

**STEP-PARENT/ALIEN SPONSOR INFORMATION**

- 16** Check (✓) YES or NO for yourself, spouse and everyone who is recertifying for assistance. For each "YES" answer, PRINT the name of the person that the answer refers to.

**PAGE 7 OF THE RECERTIFICATION FORM****EMPLOYMENT INFORMATION**

Complete this page for yourself and for everyone who is recertifying for assistance.

- 17** **NOTE:** If you are employed, you may still be eligible for Temporary Assistance, Medical Assistance or other health care programs, and/or Food Stamp Benefits and help with paying your child care costs.

**PAGE 8 OF THE RECERTIFICATION FORM****EDUCATION/TRAINING INFORMATION****18**

Complete this page for yourself and for everyone who is recertifying for assistance. Be sure to answer the question about where your children go to school.

**NOTE:** If you are recertifying **only** for Medical Assistance, you do not need to fill out this page.

**PAGE 9 OF THE RECERTIFICATION FORM****RESOURCES INFORMATION**

Check (✓) YES or NO for each question for yourself and everyone who is recertifying for assistance. For each "Yes" answer, PRINT the dollar (\$) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings.** Temporary Assistance and Medical Assistance recipients must also answer these questions about **legally responsible relatives. These are people who are required by law to support you financially, such as** your spouse, and if you are under 21, your parents, or step-parents or guardians that live with you.

**NOTE:** You **do not** have to fill out this section:

- If you are recertifying **only** for Medical Assistance for children under **19**, or are a pregnant woman.

**19**

If you are recertifying **only** for Food Stamp Benefits, you **do not** have to answer the question on life insurance.

**Has Resources Other Than Those Listed Above:** Include items such as vacation homes, campers, snowmobiles, boats, etc.

**NOTE:** It is very important to let your worker know right away if you get or are expecting to get a lump sum. A lump sum is a one time payment, such as an insurance settlement, inheritance, award from a lawsuit or lottery winning. See the LDSS-4148A: "What You Should Know About Your Rights and Responsibilities" for more information about lump sums.

**NOTE:** If you or your spouse transfer or give away any assets within the 36 months (60 months for transfers to a trust) prior to the first of the month in which you are in receipt of nursing facility services and have submitted an application for Medical Assistance, you may not be eligible to receive nursing facility services or home and community-based waived services under the Medical Assistance Program.

**PAGE 10 OF THE RECERTIFICATION FORM****MEDICAL INFORMATION****20**

Check (✓) YES or NO for yourself and everyone who is recertifying for assistance. For each "YES" answer, PRINT the requested information. Be sure to list all health and hospital/accident insurance that you have or that is available to anyone recertifying. Medical Assistance may be able to pay for medical bills for care you were given during the three months before the month you apply for help. If you have already paid the bill, we may be able to pay you for the bill if we determine that you would have been eligible for Medical Assistance at the time. We can pay you even if the doctor or other provider does not accept Medical Assistance, but we can only pay you the amount Medical Assistance pays and only if the bill was for services that Medical Assistance covers.

**PAGE 10 OF THE RECERTIFICATION FORM**

**After the day you apply for Medical Assistance, you must make sure the doctor or other provider accepts Medical Assistance before you get medical care.**

**PAGE 11 OF THE RECERTIFICATION FORM****SHELTER INFORMATION**

**21** PRINT the amount you pay for rent, mortgage, room and board or other housing. If you have a mortgage payment, include property taxes, homeowner's insurance (including fire insurance), and assessments in the Shelter Expenses Amount. Check (✓) YES or NO if you or anyone who lives with you pay for heat or other utilities. Be sure to check (✓) primary heat type at bottom of the page. Be sure to answer the other four shelter questions at the end of this section.

**NOTE:** If you are unsure about how to answer any questions about your type of housing or the amount of your shelter expenses, ask your worker.

**PAGE 12 OF THE RECERTIFICATION FORM****OTHER EXPENSES INFORMATION**

**22** Check (✓) YES or NO for yourself and everyone who is recertifying for assistance. For each "YES" answer, PRINT a dollar (\$) amount.

**OTHER INFORMATION**

Check (✓) YES or NO for yourself and everyone who is recertifying for assistance.

**NOTE:** "U.S. Military" means the:

- 23**
- U.S. Army
  - U.S. Navy
  - U.S. Coast Guard
  - U.S. Marines
  - U.S. Air Force
  - U.S. Merchant Marine during World War II

**PROPERTY TRANSFER STATUS:** Check (✓) the **I have** box or **I have not** box.

**NOTE:** New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance or Food Stamp Benefits by hiding the facts or not telling the truth.

**PAGE 13 OF THE RECERTIFICATION FORM**

**DO NOT WRITE ON THIS PAGE**



**PAGE 14 OF THE RECERTIFICATION FORM**

**24 PRIVACY ACT STATEMENT/REIMBURSEMENT OF MEDICAL EXPENSES/SUPPORT/NON-DISCRIMINATION NOTICE:** Read this section carefully or have someone read it to you.

**25 FOOD STAMP BENEFITS AUTHORIZED REPRESENTATIVE:** If you are recertifying for Food Stamp Benefits and you want someone from outside your household to get the Food Stamp Benefits for you or to buy the food for you, PRINT their name, address and telephone number.

**PENALTIES:** Read this section carefully or have someone read it to you.

**26 NOTE:** New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, Medicare Savings Program or Food Stamp Benefits by hiding the facts or not telling the truth.

**PAGE 15 AND 16 OF THE RECERTIFICATION FORM**

**27 LEGAL STATEMENTS:** Read this section carefully or have someone read it to you.

**28 AUTHORIZATION FOR REIMBURSEMENT FROM SSI:** Read this section carefully or have someone read it to you. If you are recertifying for Temporary Assistance and both husband and wife who live together are recertifying for Temporary Assistance, both must sign the Signature section at the bottom of the page.

**NOTE:** The Social Security Administration may treat the date you submit this signed authorization to the local department of social services as the date you first become eligible for SSI if you submit an application for initial SSI benefits within the next 60 days.

**29 SIGNATURES:** Read this section carefully or have someone read it to you. New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, Medicare Savings Program or Food Stamp Benefits by hiding the facts or not telling the truth.

Sign your name and date the recertification form. When **both** husband and wife who live together are recertifying for Temporary Assistance or Medical Assistance, **both** must sign. If you are recertifying **just** for Food Stamp Benefits, only one signature is needed. If you have filled out the recertification for someone else, sign **your name** here and PRINT the date you signed. **All** persons 18 years of age or older must sign.

**NOTICE:** Recipients of Temporary Assistance, Medical Assistance, Medicare Savings Program and Food Stamp Benefits, who are not satisfied with the action taken on their recertification, have a right to request a fair hearing by contacting the Office of Administrative Hearings, New York State Office of Temporary & Disability Assistance, PO Box 1930, Albany, New York 12201.

Information from your recertification will be entered and stored in the Welfare Management System (WMS), a statewide computer system. This system is used to improve the management of Social Services programs and to deter fraud.

**NOTE:** The last page of this recertification form is an application to register to vote. If you would like help filling out the voter registration form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect the amount of assistance that you will be given by this agency.