



NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
 40 NORTH PEARL STREET
 ALBANY, NY 12243-0001
Andrew M. Cuomo
Governor

Informational Letter

Section 1

Transmittal:	12-INF-15
To:	Local District Commissioners
Issuing Division/Office :	Center for Employment and Economic Supports
Date:	December 12, 2012
Subject:	Revision to LDSS-4887 Mail –in Recert/ Eligibility Questionnaire
Suggested Distribution:	Supplemental Nutrition Assistance Program (SNAP) Staff Temporary Assistance Staff MA Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Temporary Assistance Policy Questions: 1-800-343-8859, ext. 4-9344 Employment Policy Questions: Employment and Advancement Services Bureau at (518) 486-6106 or Employment Services Advisor Forms Questions: Kelly Whitney @ 1-800-343-8859, ext. 3-7991
Attachments:	Attachment 1 - Revised LDSS-4887 Mail-in Recert/Eligibility Questionnaire
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.
10 INF- 15 09 INF- 21 08 ADM-07 07 ADM-01 06 ADM -10		351.21(c) 353 385	SSL 134-a SSL 158 (2) SSL 211		

Section 2

I. Purpose

The purpose of this release is to inform Social Services Districts (SSDs) of revisions to the LDSS-4887 “Mail-in Recert/ Eligibility Questionnaire.”

II. Background

Under Office of Temporary Disability Assistance (OTDA) regulation 18 NYCRR 351.21(c), SSDs may use a mail-in recertification form as a substitute for one of the Temporary Assistance (TA) face-to-face recertifications for certain TA cases upon OTDA approval. 06 ADM-10 introduced the SSD optional model LDSS-4887 “Mail-in Recert/Eligibility Questionnaire,” (LDSS- 4887) form. Districts may use this form or an approved alternative in the mail-in recertification process.

This model mail-in recertification form has been revised to support various changes including new Interim Assistance Reimbursement (IAR) authorization language found under the Authorization to Repay Public Assistance Benefits from Retroactive Supplemental Security Income (SSI) section. The language has been revised to comply with the newly signed IAR agreement between the Social Security Administration (SSA) and the State. Additional minor revisions have been included and are listed below.

III. Program Implications

The following changes have been made to the model LDSS-4887 “Mail-in Recert /Eligibility Questionnaire”:

- The revision date has been changed to 8/12
- The Lifeline section has been removed.
- Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps has been changed in all references within the form. The SNAP resource limit for a household with an elderly or permanently disabled member is changed from \$3000 to \$3250.
- In Section 3; the last sentence has been revised to be consistent with the language in the first section of the form. “You must submit photocopies of paystubs (if working) to verify the last four weeks of pay, or other proof of how much you or your family member earned/received in the last four weeks.” This language supports Federal Work verification requirements.
- The authorization language found under the Authorization to Repay Public Assistance Benefits from Retroactive Supplemental Security Income (SSI) section has been changed to read as follows:

I authorize the Commissioner of the Social Security Administration (SSA) to use my first payment of SSI (i.e. my retroactive SSI payment) to reimburse the local Social Services District (SSD) for Public Assistance (PA) the SSD pays me from State or local funds while SSA decides if I am eligible for Supplemental Security Income (SSI). SSA will not reimburse the SSD for PA that was paid using any federal funds.

I will be bound by this authorization only if the State gives notice to SSA that I and an SSD representative have signed it. The State must give notice within 30 calendar days of matching my SSI record with my State record. SSA will not accept it after 30 calendar days. Instead, SSA will send me my retroactive SSI payment under SSA rules.

Only my first payment of SSI can be used. If my first payment is larger than the amount owed to the SSD, SSA will send the rest to me under its rules.

SSA can reimburse the SSD in two situations:

- (1) It will repay the SSD if I apply for SSI and SSA finds me eligible.*
- (2) It will repay the SSD if my SSI benefits are reinstated after termination or suspension.*

SSA will only reimburse the SSD for PA it paid me during the time I am waiting for an SSA determination of eligibility. This is called "interim assistance". The period begins (1) with the first month I become eligible for payment of SSI benefits, or (2) on the first day I am reinstated after my SSI was suspended or terminated. The period includes the month SSI payments actually begin. If the SSD cannot stop my last PA payment, the period ends the next month.

No later than 10 days after SSA reimburses the SSD, the SSD must send me a notice telling me the amount of interim assistance paid. The notice will also tell me that SSA will send me a letter telling me how any remaining SSI money owed to me will be sent by SSA and, that if I do not agree with a state decision, how I can appeal the decision to the state.

Under its rules, SSA may use the date I sign this authorization as the date I first become eligible for SSI. It will do this only if I apply for SSI within the next 60 days.

This authorization applies to any SSI application or appeal I now have pending before SSA. This authorization terminates if my SSI case is completely decided. It terminates when SSA first pays me. The State and I can also agree to terminate the authorization. I must sign a new authorization consistent with NYS rules if I reapply for SSI after this authorization terminates, or if I file a new SSI claim while I have an SSI application or appeal pending.

I will be given an opportunity for a fair hearing if I disagree with a decision the SSD made about reimbursement.

I received a copy of the pamphlet called "What You should Know About Social Services Programs." I understand what it says about interim assistance.

- *In the "Signature Section" the "Husband/Wife" line has been deleted and replaced with "Spouse or Authorized Representative Signature".*

- A revised National Voter Registration Act (NVRA) form has been added to ensure recipient awareness of NVRA.
- The “Signature Section” has been moved to Page 2.
- In the “Signature Section” an additional line has been added for the worker to sign, to comply with SSA rules.
- A barcode has been added to the CNS version of the Revised LDSS-4887 form.

The revised LDSS-4887 form will be attached to the Client Notice System (CNS) mail-in recertification notices for cases that SSDs identify as a mail in recertification with either an Anticipated Future Action Code (AFA): Z26 - “TA Mail-in Recert”, or CNS Reason code Z26. For more information see 06 ADM -10. The OSS barcode will only appear on the LDSS-4887 that is mailed with the CNS notice. The barcode contains static 4 characters used by OSS to identify their barcode, 3 digit document ID, 2 digit District Code, and 1 to 10 digit Case number.

Any SSD that has an approved mail in recertification waiver, but does not use the model LDSS-4887 must immediately amend their form to correspond with the required revisions found above. The IAR authorization language must appear on the SSD specific form exactly as written above. In addition, the SSD specific form must contain an area for required written signatures. A SSD’s lack of required written signatures on the form will make the IAR authorization language invalid which results in the SSDs inability to be reimbursed by the SSA for interim assistance paid.

All SSDs must be able to produce the LDSS-4887 with the appropriate signatures in its entirety for review by SSA, fair hearings officers, and this office.

New York City (NYC)

NYC does not use the model LDSS-4887. While NYC possesses OTDA approved procedures for using a mail-in recertification form, the mail-in form and approved procedures are distinct for NYC. Changes to NYC forms will be made to support the new IAR authorization language and other required revisions.

IV. Forms Ordering Information

- The revised English version of the LDSS-4887: “*Mail-In Recert/Eligibility Questionnaire*” and the LDSS-4887-SP (Spanish) versions are State printed.
- The above referenced documents have also been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and are available for downloading by local districts for reproduction locally.
- Upon the release of this INF all previous versions of the “*Mail-In Recert/Eligibility Questionnaire*” **must immediately be destroyed** and replaced with the revised 9/11. version.

- Any future written requests for master camera ready copies of the English and Spanish versions of the documents, should be submitted on OTDA-876: *“Request for Forms or Publications”*, and should be sent to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201

- Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.
- Documents may also be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then under Program Areas, go to Division of Operations and Program Support page, then to OPS E-forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving e-mail, the Internet e-mail address is: gq7359@dfa.state.ny.us .
- For a complete list of available forms, please refer to the OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm .

Issued By

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Division/Office: Center for Employment and Economic Supports