



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:	13-INF-02
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	March 8, 2013
Subject:	Revisions to the LDSS 4310 "Periodic Report" and the LDSS 4310A "Follow-up to the Periodic Report"
Suggested Distribution:	Temporary Assistance Directors Supplemental Nutrition Assistance Program (SNAP) Directors Staff Development Coordinators
Contact Person(s):	Forms Questions: Kelly Whitney – 1-800-343-8859, ext. 3-7991 SNAP Policy Questions: 518-473-1469 Employment Policy Questions (including ABAWD policy): Employment Services Advisor or Employment and Advancement Services Bureau at 518-486-6106
Attachments:	Attachment 1 - LDSS-4310 Attachment 2 – LDSS-4310A
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.
		18 NYCRR 387.12, 385.3		TA and SNAP Employment Manual Section 3	

Section 2

I. Purpose

The purpose of this Informational letter (INF) is to inform social services districts (SSDs) that the following forms have been revised:

LDSS-4310 – “Periodic Report”

LDSS-4310A – “Follow-up to the Periodic Report”

II. Background

Supplemental Nutrition Assistance Program (SNAP) households with certification periods of seven full months or longer that are subject to the SNAP simplified (“six-month”) reporting requirements are required to complete and return a periodic report (LDSS-4310). These households must return the report by the tenth day of the sixth month of their certification period, in addition to reporting whenever their total gross income exceeds 130 percent of poverty.

A SNAP household including an individual subject to Able-Bodied Adults Without Dependents (ABAWD) requirements (with earnings and certified for at least four months) is a simplified reporting household. 18 NYCRR 385.3 provides information as to who is subject to ABAWD requirements and what work effort these individuals must meet to retain eligibility for SNAP benefits.

ABAWD households must report when their work hours fall below 80 hours per month. The ABAWD household must report the reduction in work hours within 10 days after the end of the month in which they fell below 80 hours. For ABAWD households that have used at least one of their three months of eligibility without working, districts may send monthly requests for verification of hours worked. If the ABAWD household fails to comply with the request for verification of compliance with ABAWD requirements, the districts must issue a timely notice of adverse action to delete the ineligible individual or, for a one-person household, to close the case.

Note: Currently, ABAWD requirements only apply in New York City based on the fact that other areas of the State have accepted the option to waive the requirement based on high unemployment rates. The areas of the State where ABAWD requirements apply may change each year.

III. Program Implications

The LDSS- 4310 and LDSS- 4310A have been modified to include the ABAWD reporting requirement, so that information will be captured, if required, at the six month point of contact.

The LDSS-4310 – “Periodic Report” and the LDSS 4310A – “Follow-up to the Periodic Report” have been revised as follows:

- References to Food Stamps have been changed to SNAP.
- A new statement/box has been added in section 2 for individuals to report if an able-bodied adult without dependents (ABAWD) in the SNAP household did not work/participate in a work activity for at least 80 hours in each month of the report period.
 - Please see Note in Section II above.
- Changes regarding child care information (costs, provider) have been consolidated into one statement.

IV. Forms Ordering Information

- The revised English version of the LDSS-4310: “*Periodic Report*” and the LDSS-4310A: “*Follow-up to the Periodic Report*” are **not** State printed but are available to local districts in PDF format or as master camera ready copies. The procedures for ordering PDFs or master camera ready copies are listed below.
- The above referenced documents, as well as the Spanish versions, 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 “*Periodic Report*” and the “*Follow-up to the Periodic Report*” **must immediately be destroyed** and replaced with the revised 1/13 version.
- Any future written requests for master camera ready copies of the English version, 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.
- Master camera ready copies of the documents may also be ordered through Outlook. To order a master camera ready copy you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to Division of Operations and Program Support page, then to PSQI 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: gg7359@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