

Office of Temporary and Disability Assistance

ANDREW M. CUOMO Governor **SAMUEL D. ROBERTS** Commissioner MICHAEL PERRIN Executive Deputy Commissioner

Informational Letter

| Section 1 | | | | | | |
|------------------------------|---|--|--|--|--|--|
| Transmittal: | 16-INF-11 | | | | | |
| To: | Local District Commissioners | | | | | |
| Issuing Division/Office: | Center of Employment and Economic Supports | | | | | |
| Date: | July 14, 2016 | | | | | |
| Subject: | Revisions of forms LDSS-4799 and LDSS-4799-NYC | | | | | |
| Suggested | TA Directors | | | | | |
| Distribution: | SNAP Directors | | | | | |
| | Employment Coordinators | | | | | |
| | Staff Development Coordinators | | | | | |
| | WMS Coordinators | | | | | |
| | Investigation/Fraud Coordinators | | | | | |
| Contact | SNAP Policy Questions: SNAP Bureau (518) 473-1469 | | | | | |
| Person(s): | Fraud Policy Questions: A&QI, Stephen Bach (518) 402-0117 | | | | | |
| Attachments: | Attachment 1: LDSS-4799 IPV Disgualification Notice for SNAP | | | | | |
| | Attachment 2: LDSS-4799NYC IPV Disgualification Notice for SNAP | | | | | |
| Attachment Available Online: | | | | | | |
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Filing References

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|------------------------|-----------------------|---------------------------------------|--|--------------------------|---|
| 05-INF-23 93 ADM-08 | | 7 CFR 273.16, 18 NYCRR 387.1 | SSL 147 | SNAP SB Section 6, 15 | GIS 03 TA/DC021, FNA of 2008 Section 6 |

Section 2

I. Purpose

The purpose of this release is to inform social service districts that the following notices have been revised:

• The LDSS-4799 "Intentional Program Violation (IPV) Disqualification Notice for the Supplemental Nutrition Assistance Program (SNAP)" (Rev. 3/16); and

• The LDSS-4799-NYC "Intentional Program Violation (IPV) Disqualification Notice for the Supplemental Assistance Program (SNAP) (NYC)" (Rev. 3/16).

II. Background

The LDSS-4799 and LDSS-4799-NYC are used by social service districts and other authorized entities to notify clients of their disqualification from the Supplemental Nutrition Assistance Program due to an Intentional Program Violation. The LDSS-4799 and LDSS-4799-NYC inform the household of the SNAP disqualification penalties and the effect the IPV claim will have on the household's current benefit. These forms also serve as the demand notice for IPV overpayments.

III. Revisions

In Section II of the notice, the language under "Period of Disqualification" has been revised to be consistent with SNAP Penalty Warning language and current federal and state regulations at 7 CFR 273.16 and 18 NYCRR 387.1, respectively.

The Non-Discrimination Statement (NDS) required by the United Stated Department of Agriculture (USDA) has been added to both forms.

IV. Forms Ordering Information

- The revised English version of the LDSS-4799: "Intentional Program Violation (IPV) Disqualification for the SNAP Benefits Program" and the LDSS-4799 NYC: "Intentional Program Violation (IPV) Disqualification for the SNAP Benefits Program" are "Camera Ready Only" forms.
- The above referenced document has been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and is available for downloading by local districts for reproduction locally.
- Upon the release of this INF all previous versions of the *"Intentional Program Violation* (*IPV*) *Disqualification for the SNAP Benefits Program"* **must immediately be destroyed** and replaced with the revised (3/16) version.
- Any future requests for master camera ready copies of the English version, should be submitted to the New York State Office of Temporary and Disability Assistance (OTDA) using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:

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

E-mail: forms.orders@otda.ny.gov

Social Services Districts (SSD) online forms ordering system: <u>http://formorders/</u> Fax: (518) 402-0084

- Questions concerning ordering forms should be directed to BMS Document Services at (518) 474-9522.
- Any previously approved Local Equivalent of this form should be resubmitted, reflecting the current updates, to the mailing address above for review and approval.

Issued By Name: Phyllis Morris Title: Deputy Commissioner Division/Office: Center for Employment and Economic Supports