

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.
- IF YOU HAVE ANY DISABILITIES WHICH PREVENT YOU FROM COMPLETING THIS RECERTIFICATION FORM AND/OR WAITING TO BE INTERVIEWED, PLEASE NOTIFY THE RECEPTIONIST. THE AGENCY WILL MAKE EVERY EFFORT TO PROVIDE REASONABLE ACCOMMODATION TO ADDRESS YOUR NEEDS.

DISCONTINUE: IF YOU WANT TO STOP GETTING ASSISTANCE, 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"

PAGE 1 OF THE RECERTIFICATION FORM

PROGRAMS:

1 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. **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. Medical Assistance includes the Medicaid, Family Health Plus, Child Health Plus A, Medicaid Buy-In for Working People with Disabilities and Family Planning Benefit programs. If you want to recertify for any of these programs, check (✓) the Medical Assistance box.**

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. If you are recertifying for Medical Assistance only, you do not have to have an interview.

DO YOU WANT TO RECEIVE NOTICES IN:

2 Check (✓) the "Spanish and English" or "English Only" box.

WHAT IS YOUR PRIMARY LANGUAGE:

Check (✓) the English or Spanish or Other box and enter your primary language.

RECIPIENT INFORMATION**NAME:**

PRINT your legal name including your first name, middle initial, and last name.

MARITAL STATUS:

PRINT whether you are **now** single, married, widowed, legally separated or divorced.

PHONE NO:

PRINT your home phone number. Include your area code.

RESIDENCE ADDRESS:

PRINT the house number, street, avenue, road, etc., where you now live.

Apt No: PRINT the number of your apartment.

City: PRINT the city you live in.

County: PRINT the county you live in.

State: PRINT the state you live in.

Zip Code: PRINT the zip code for your address.

CARE OF NAME:

If you receive your mail in care of someone else, PRINT that person's name.

MAILING ADDRESS:

If you get your mail somewhere other than where you live, PRINT that address in this space.

AGENCY HELPING RECIPIENT:

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.

HOW LONG HAVE YOU**LIVED AT PRESENT ADDRESS:**

PRINT the number of years and/or months that you have lived where you are now living.

RECIPIENT INFORMATION (continued)

- ANOTHER PHONE:** 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.
- DIRECTIONS TO HOME:** PRINT directions on how to find your home. Use commonly known landmarks.
- FORMER ADDRESS:** PRINT the address where you lived before you moved to your present address.

- 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.
- **Highest School Grade Completed:** Enter the highest school grade (1-12) completed for each person recertifying for assistance. If more than 12 years, enter 13. 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.

HOUSEHOLD MEMBERS INFORMATION (continued)

- **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 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/IMMIGRATION 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 *not* a **U. S. citizen, Native American or national of the United States** or an immigrant with satisfactory immigration status. **“Satisfactory immigration status” is 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/IMMIGRATION 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 *not* a **U. S. citizen, Native American or national of the United States** or an immigrant with satisfactory immigration status.

CERTIFICATION OF CITIZENSHIP/IMMIGRATION STATUS INFORMATION (continued)

NOTE: You **MUST** sign this certification only if you are a **U.S. citizen, Native American or national of the United States, or an immigrant with satisfactory immigration 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 recipient 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 immigration status may sign for his/her *child* who has satisfactory immigration status. **For example**, a mother who does not have satisfactory immigration status may still sign the certification for her children who are U. S. citizens.

NOTICE

You should not sign this declaration for yourself or for another person who is not a U. S. citizen, Native American or national of the United States or an immigrant 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). Such persons may also be ineligible for certain Services.

We may confirm the immigration status of any or all household members recertifying for Temporary Assistance, Medical Assistance benefits or Food Stamp Benefits (or Services) by submitting the information you give us to the United States Citizenship and Immigration Services (USCIS). Information received from the USCIS 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:

- 11
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. If you want to pursue medical support from a non-custodial parent, you must complete this section.

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: Foster Care Payments and Food Stamp Benefits** – You may choose to include the foster care child or adult in the Food Stamp Benefits household. If you do, any associated foster care payments will **not** be counted as income. All other income or resources of the foster care child will be counted. If you have any questions about this, make sure to ask your worker.

STEP-PARENT/IMMIGRANT 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 that live with you.

19

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.
- 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.

HEALTH PLAN SELECTION

If you are determined eligible for Family Health Plus, you must select a health plan in order to receive medical care. If you want to keep the doctor you have now, you need to join a health plan that your doctor belongs to. If you want to pick a new doctor or health center, call the plan you want for help. Once enrolled in a health plan, you must use the doctors and hospitals under that plan.

Some people enrolled in Medicaid are required to join a health plan. Others are not. If you or family members are determined eligible for Medicaid and you are in a county that requires people to join a health plan, we will enroll you in the plan you chose, if that plan participates in Medicaid. If you are in a county that does not require people to be in a health plan, we will still enroll you in the plan you chose, unless you tell us that you do not want to be in this plan by checking the box in this section. Your interviewer will discuss this with you.

HEALTH PLAN SELECTION (continued)

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 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**

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

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

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

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

- 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

"U.S. Military" also includes Reservists or National Guard members who have ever been called to active duty by the President of the United States

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 UNLESS YOU WANT TO CLOSE YOUR CASE FOR ONE OR MORE OF THE PROGRAMS LISTED IN THE TOP RIGHT CORNER OF PAGE 13 OF THE RECERTIFICATION FORM. TO CLOSE YOUR CASE FOR A PROGRAM, PUT A CHECKMARK (✓) IN THE BOX NEXT TO THAT PROGRAM AND SIGN WHERE INDICATED. YOUR CASE WILL ONLY BE CLOSED FOR THE PROGRAM(S) YOU CHECK. BEFORE ASKING FOR YOUR CASE TO BE CLOSED, TALK TO YOUR WORKER. YOU MAY BE ELIGIBLE FOR TRANSITIONAL HELP.

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.
When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, both the Authorized Representative and the Food Stamp Benefits Head of Household must sign.

26 **PENALTIES/FOOD STAMP BENEFITS (FS) PENALTY WARNING:** Read this section carefully or have someone read it to you.
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 **ASSIGNMENTS, AUTHORIZATIONS AND CONSENTS:** Read this section carefully or have someone read it to you.
NOTE: For **Lifeline**, Temporary Assistance and Food Stamp applicants/recipients must check (✓) the box, if you **do not** authorize the NYS Office of Temporary and Disability Assistance to possibly disclose your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate. Lifeline is the lowest rate available for basic telephone service from telephone service providers.
Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

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.
If you are a Food Stamp Benefits Authorized Representative, both you and the applicant must sign and date the signature sections on the bottom of page 16 of the Recertification Form.
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 form for someone else, sign **your name** here and PRINT the date you signed.

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:

in writing: New York State Office of Temporary & Disability Assistance

P.O. Box 1930

Albany, New York 12201

telephone: 1-(800) 342-3334

fax: (518) 473-6735

internet: www.otda.state.ny.us/oah/forms.asp

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 the Temporary Assistance, Food Stamps Benefits, Medical Assistance, and Medicare Savings 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.