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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 91 INF-54

TO: Commissioners of
 Social Services

DIVISION: Income
 Maintenance

DATE: October 7, 1991

SUBJECT: Revision to the Food Stamp Application for SSI
 Recipients and Group Living Residents (DSS-3035),
 (DSS-3035S), (DSS-3035NYC) and (DSS-3035NYC(S))
 (Rev. 7/91)

SUGGESTED

DISTRIBUTION: Food Stamp Staff
 Staff Development Coordinators
 Forms Coordinators

CONTACT PERSON: IM/WMS Program Operations
 Wayne Marquit
 1-800-342-3715, extension 6-3413

ATTACHMENTS: Attachment I - Food Stamp Application for SSI
 Recipients and Group Living Residents
 (DSS-3035) - not available on-line
 Attachment II - Food Stamp Application for SSI
 Recipients and Group Living Residents
 (DSS-3035NYC) - not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-27	89 INF-56			FSSB	
89 INF-56				IV-E-1	
				IV-F	
				V-E-5.1	

This release introduces the revised DSS-3035: "Food Stamp Application for SSI Recipients and Group Living Residents". SSI recipients living alone or with their spouse may be certified and recertified by mail using the DSS-3035. In addition, residents of group living arrangements may be recertified by mail using the DSS-3035.

The latest version of the DSS-3035 is dated 7/91 (copy attached). Please note that all versions of the DSS-3035 have been revised:

DSS-3035: Upstate
DSS-3035S: Upstate Spanish version
DSS-3035NYC: New York City
DSS-3035NYC(S): New York City Spanish version

Listed below is a summary of the changes to the 10/89 version (4/90 version of the DSS-3035 NYC) which were incorporated into this revision:

Page 1

1. Changed revision date to 07/91.
2. Deleted the word "Statement" from the title.
3. In the "Directions" section:
 - o For #1, deleted the word "and" and made two sentences; and
 - o For #2 and 3, deleted the words "Be sure to".
4. Just below the "Directions" section, added a Spanish Indicator (DSS-3035NYC/DSS-3035NYC(S) only) "DO YOU WANT TO RECEIVE NOTICES IN: SPANISH AND ENGLISH ENGLISH ONLY."
5. To make it less confusing, moved headings such as "My name is:" to the box where the information is to be written.
6. After the "My address is:" section, added "My telephone number" (in bold) "or another number where I can be reached" (DSS-3035 Upstate only).
7. In "Need Food Stamps Right Away?" section, added "OR" (in bold) "if" on first line between "resources," and "your"; and between "resources," and "you".
8. Moved section on "Other people living with me:" to top of page 2.

Page 2

1. In the first section:
 - o Second line, moved the "?" to after "If Yes, when";
 - o To eliminate the use of the word "initiated," reworded the fifth line to read ". . . previous question, in which county or state was the disqualification?"; and
 - o The last sentence in the section was changed from "other agency" to "another agency".
2. In the Shelter Expenses section:
 - o Under numbers 3, 4 and 5, added the word "if" before "not included in rent"; and
 - o For #9, changed the word "Tax" to "Taxes".
3. In the Medical expenses section:
 - o Changed the first line to read "List medical expenses billed to your household (and not paid, or reimbursed, by a third party, insurance and/or Medical Assistance";
 - o On the second line, changed ". . . such as, but not limited to:" to "Some examples are:"; and
 - o On the fourth line, deleted the word "are:" at the end of the sentence.
4. In the Income section, inserted "Amount of" in the "Other Income" column.
5. Moved the Income section to the top of page 3.

Page 3

Deleted the section on Certification of Citizenship/Immigration Status.

Page 4

1. In the second boxed-in area:
 - o Added the title "FOOD STAMP PENALTY WARNINGS" in heavier bold type;
 - o The first two highlighted paragraphs were also bolded;

- o In the second paragraph, second line, ". . . FOR THE THIRD VIOLATION. . ." was changed to ". . . AFTER THE THIRD VIOLATION. . ."; and
 - o In the second, third and fifth lines that begin with "DO NOT . . .", changed "authorization cards" to "food stamp identification/benefit cards".
2. Added a new section on "Pick Up Your Food Stamps During the Period of Intended Use", which was added to make recipients aware of the fact that there is an expiration date by which they have to pick up their food stamps.
 3. Added a new section on "Certification of Citizenship/Alien Status for Food Stamps" because of a change resulting from the Mickey Leland Memorial Domestic Hunger Relief Act. This change requires only one adult representative of the food stamp household to attest to the citizenship/alien status of all the food stamp applicants."
 4. Moved the Race/Ethnic section to page 3.
 5. In the Disposition section, changed "Social Service District" to "Social Services District".

Each district will automatically receive a supply of the DSS-3035 (DSS-3035NYC for New York City), based on previous ordering practices. Upon receipt, please discard the 10/89 version of the form (4/90 version for New York City).

Clear photocopied masters of the revised Spanish versions, DSS-3035(S)/DSS-3035NYC(S), will be available to each district to reproduce locally.

Requests for additional copies of the DSS-3035 or DSS-3035(NYC) are to be submitted on Form WMS-47 (Rev. 9/89): "WMS Order Form", and should be sent to:

New York State Department of Social Services
Welfare Management System
P.O. Box 1990
Albany, New York 12201
Attention: Office of Systems Development (OSD)

Questions concerning ordering the forms should be directed to the Office of Systems Development by calling 1-800-342-3715, extension 6-6223.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance