

+-----+
 | INFORMATIONAL LETTER |
 +-----+

TRANSMITTAL: 92 INF-38

TO: Commissioners of
 Social Services

DIVISION: Income
 Maintenance

DATE: September 21, 1992

SUBJECT: Revision to Two Food Stamp ABEL Budget Narratives
 (DSS-3959 and DSS-3961)

SUGGESTED

DISTRIBUTION: Food Stamp Directors
 Income Maintenance Directors
 ABEL Liaisons
 Staff Development Coordinators
 Forms Coordinators

CONTACT PERSON: Call 1-800-342-3715 and ask for the following
 individual at the indicated extension:

For FS ABEL Questions - Carl Poole, extension
 3-9779
 For Forms Questions - Bob Gullie, extension 4-6501

ATTACHMENTS: DSS-3959: Food Stamp Excess Net Income Narrative
 (not available on-line).
 DSS-3961: Food Stamp Budget Narrative
 (not available on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 INF-5	88 INF-60	358-2.2(n)		FSSB	
89 INF-53		358-3.3(b)		Section	
88 INF-60		387.20(b)		VII-D	

The purpose of this release is to introduce the revised Food Stamp ABEL Budget Narratives DSS-3959 and DSS-3961 (copies attached). There will be no revisions to DSS-3960 at this time.

As mandated by Department Regulations 358 - 2.2 (n) and 358 - 3.3 (b), upstate districts are required to provide a copy of the appropriate Food Stamp ABEL Budget Narrative to a Food Stamp applicant or recipient whenever a copy of their Food Stamp ABEL budget is presented to them.

The primary reason for the revisions included in the 8/92 versions is to reflect updated Standard Utility Allowance (SUA) policy.

The (8/92) revisions to the DSS-3959 and DSS-3961 are outlined below:

I. DSS-3959 and DSS-3961

- A. The revision dates on both sides have been changed to (Rev. 8/92).
- B. The last 2 sentences in Section 1 have been deleted and replaced with a sentence that reads:

In some cases, the amount we allow is different than the actual amounts because we may use a standard amount based on your living situation.

Delivery of the revised DSS-3959 and DSS-3961 to the Albany Warehouse is expected in October 1992. Your district will not automatically receive copies.

Requests for supplies of these revised forms 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 forms should be directed to OSD by calling 1-800-342-3715, extension 6-6223.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 12/89 supplies until your stocks are depleted, or until December 1992, whichever occurs first. Reorders of these forms will be filled with 8/92 versions.

Date September 21, 1992

Trans. No. 92 INF-38

Page No. 3

Local Equivalent Forms - All requests for approval of local equivalent forms must be submitted in accordance with the procedures described in 89 INF-53 and pages 12-1 through 12-5 of the Local District Manager's Guide.

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