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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 94 INF-51

TO: Commissioners of  
 Social Services

DIVISION: Economic  
 Security

DATE: October 28, 1994

SUBJECT: Revision to DSS-3959: "Food Stamp Excess Net Income  
 Narrative"

SUGGESTED

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

CONTACT PERSON: Call 1-800-343-8859 and ask for the following  
 individual at the indicated extension:

For FS ABEL Questions - Carl Poole, extension  
 4-8538 (AV1120)  
 For Forms Questions - Bob Gullie, extension 4-6501  
 (AV1060)

ATTACHMENTS: DSS-3959: Food Stamp Excess Net Income Narrative  
 (Rev. 7/94) (not available on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
92 INF-38		358-2.2(n) 358-3.3(b) 387.20(b)		FSSB Section VII-D	

The purpose of this release is to introduce the revised Food Stamp ABEL Budget Narrative, DSS-3959: "Food Stamp Excess Net Income Narrative" (copy attached). There will be no revisions at this time to the other Food Stamp ABEL Budget Narratives, DSS-3960: "Food Stamp Excess Gross Income Narrative" and DSS-3961: "Food Stamp Budget Narrative".

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 7/94 revisions to the DSS-3959 are outlined below:

I. FACE

- A. The Revision Date was changed to 7/94.
- B. The Computer Budget Screen facsimile was modified to reflect the current ABEL budget screens.
  - 1. Section Seven
    - a. The Dependent Care deduction "FRQ" field was deleted to accommodate the new Mickey Leland Hunger Act changes.
    - b. A third "DEP CARE" (Dependent Care) deduction field was added.
    - c. A "SUPPORT" deduction field was added to accommodate a future Mickey Leland Hunger Act change.
  - 2. Section Eight: This section was deleted since ATP's are no longer issued manually.
  - 3. Section Nine: The "EFFECTIVE DATE" information was moved to the left and renumbered to Section Eight.

II. REVERSE

- A. The Revision Date was changed to 7/94.
- B. The "Section 8: Not Applicable" heading and instruction for "FS COUPON MIX" screen information was deleted, since this area was removed from the computer screen.
- C. The "Section 9" instruction heading for "EFFECTIVE DATE" information was renumbered to "Section 8".

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The revised DSS-3959 was delivered to the Albany Warehouse in mid-September 1994. 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 Customer Support Services (OCSS)

Questions concerning ordering forms should be directed to OCSS by calling 1-800-343-8859, 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 8/92 supplies until your stocks are depleted, or until January 1995, whichever occurs first. Reorders of these forms will be filled with 7/94 versions.

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.

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Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Economic Security