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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 96 INF-3

TO: Commissioners of
 Social Services

DIVISION: Temporary
 Assistance

DATE: January 9, 1996

SUBJECT: Revision to DSS-3961: "Food Stamp Budget 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 - Tom McGraw, extension 6-5123
 (73U013)

ATTACHMENTS: DSS-3959: Food Stamp Budget Narrative
 (Rev. 7/95) (not available on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
94 INF-51		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-3961: "Food Stamp Budget Narrative" (copy attached). There will be no revisions at this time to the other Food Stamp ABEL Budget Narratives, DSS-3959: "Food Stamp Excess Net Income Narrative" and DSS-3960: "Food Stamp Excess Gross Income 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 7/95 revisions to the DSS-3961 are outlined below:

I. FACE

- A. The Revision Date was changed to 7/95.
- B. The Computer Budget Screen facsimile was modified to reflect the current ABEL budget screens.

II. REVERSE

- A. The Revision Date was changed to 7/95.
- B. The following two sentences were added to "Section 7", after the fourth sentence. The two sentences read as follows:

"If someone in your household pays legally-obligated child support for an individual outside your household, the monthly payment will appear in the "ACTUAL" column. The amount used in the budget calculation will appear in the "ALLOW" column."

- C. The FS Coupon Mix information (Section 8) was deleted.
- D. "Section 9" was renumbered to "Section 8" and was moved to where the former "Section 8" was located.

We expect that the revised DSS-3961 will be delivered to the Albany Warehouse sometime in March, 1995. 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 7/94 supplies until your stocks are depleted, or until May 1996, whichever occurs first.

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.

Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance