TO: Commissioners of Assistance

DATE: March 30, 1998

SUBJECT: Revisions to the Food Stamp Budget Worksheets (DSS-3114 and DSS-3115) (Rev. 3/98)

SUGGESTED DISTRIBUTION: Food Stamp Directors
Welfare Management System Coordinators
IM Directors
Forms Coordinators
Staff Development Coordinators

CONTACT PERSON: Forms Questions:
Bob Gullie, DTA/New Technology at 1-800-343-8859, extension 4-6055 (AV1060)
Program Questions:
Region I (518) 473-0332; Region II (518) 474-9344;
Region III (518) 474-9307; Region IV (518) 474-9300;
Region V (518) 473-1469; Region VI (212) 383-1658

ATTACHMENTS: Attachment I - DSS-3114: Food Stamp Budget Worksheet - not available on-line
Attachment II - DSS-3115: Food Stamp Budget Worksheet (Elderly and Disabled for Medical and/or Special Shelter Deductions) - not available on-line

FILING REFERENCES

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DSS-329EL (Rev. 9/89)
The purpose of this release is to introduce revisions to the Food Stamp Budget Worksheets (DSS-3114 and DSS-3115).

At the time a new or reopened Food Stamp case is approved, the applicant/recipient receives a copy of their ABEL Budget. If the ABEL budget is not available, the applicant/recipient receives a copy of Form DSS-3114 or DSS-3115 whichever is appropriate. The budget worksheets are also used for training and audit purposes.

Listed below is a detailed summary of the changes which were incorporated into the 3/98 revisions:

1. The Revision Date was changed to (Rev.3/98) (DSS-3114 and DSS-3115)

2. The following "Legally Obligated Child Support" procedure was added (#17 on DSS-3114 and #14 on DSS-3115).

   Enter Legally Obligated Child Support Paid.
   (DSS-3114) 17. +----------+
   (DSS-3115) 14. +----------+

3. Line numbers 17 - 29 (DSS-3114) were renumbered to 18 - 30 and Line numbers 14 - 26 (DSS-3115) were renumbered to 15 - 27.

4. The wording in the renumbered Section 20 (DSS-3114) and renumbered Section 18 (DSS-3115) both in the "Shelter Costs" sections was changed to read as follows:

   +---+ Has Heating/Cooling Costs or received HEAP for the current program year. (Enter larger of Heating/Cooling Standard or Total of Actual Cost for Heating, Cooling, Utilities and Phone) (See note 3 below) OR

   +---+ Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs - Has Utility Costs. (Enter larger of Utility Standard or Total of Actual Costs for Utilities and Phone) (See note 3 below) OR

   +---+

   +---+ Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs, has No Utility Costs - Has Phone Cost. (Enter larger Phone Standard or Actual Phone Cost) (See note 3 below) OR

   +---+

   +---+ Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling or Utility or Phone Costs.(Enter $0) (See note 3 below) +----------+

   (DSS-3114) 20 |  |  |
   (DSS-3115) 18 +----------+
5. The second note at the bottom of the page (DSS-3114 and DSS-3115) was changed to read:

   PA Grant amounts are to be entered minus appropriate Food Stamp exclusions. Monthly student income is to be entered minus tuition, fees and allowable reimbursements.

We expect that the forms will be printed and delivered to the Albany warehouse some time in May, 1998. Your district will not automatically receive copies.

In order to ensure that the usage of the revised forms begins within a reasonable amount of time, you may continue to use the previous (12/91) version until your stock is depleted, or until July 31, 1998, whichever occurs first. Reorders will be filled with the 3/98 versions.

Future requests for these forms are to be submitted on Form DSS-876 (Rev.2/96): "Request for Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance
Bureau of Management Services
Forms Supply, Control and Distribution
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to the Bureau of Management Services by calling 1-800-343-8859, extension 4-2702.

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Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance