INFORMATIONAL LETTER

TRANSMITTAL: 00 INF-11

DIVISION: Temporary Assistance

TO: Commissioners of Social Services

DATE: May 25, 2000

SUBJECT: Revision of "Food Stamp Separate Determination Input Form" (LDSS-3558)

SUGGESTED

- DISTRIBUTION: Temporary Assistance Directors CAP Coordinators Food Stamp Directors Medical Assistance Directors WMS Coordinators Forms Coordinators Staff Development Coordinators
- CONTACT PERSON: WMS Questions: Tully Lenihan

1-800-343-8859, extension 4-8749

Forms Questions: Bob Gullie 1-800-343-8859, extension 4-6055

Program Questions:

Eastern Region - (518) 473-1469 Central Region - (518) 474-9344 Western Region - (518) 473-0332 Metro Region - (212) 383-1658 WMS Questions - (518) 474-8749

ATTACHMENTS: Attachment - LDSS-3558: "Food Stamp Separate Determination Input Form" (Rev. 01/00) - not available on-line.

FILING REFERENCES

PreviousReleasesDept. Regs. Soc. Serv.
Law & Other
Legal Ref.Manual Ref.Misc. Ref.97 INF-1397 INF-13

This INF introduces the revised LDSS-3558: "Food Stamp Separate Determination Input Form" (copy attached). This data entry input form supports the Upstate WMS Separate Determination Process and is used to collect the information needed to conduct separate determinations for Food Stamps when a Public Assistance case is closed.

The latest revision of the LDSS-3558 is dated 1/00, and reflects the recent changes to input and inquiry screens necessitated by new federal reporting requirements.

Listed below is a detailed summary of the changes to the 6/97 version which were incorporated into this current (01/00) version:

- I. General
 - A. The form number was changed from DSS-3558 to LDSS-3558.
 - B. The revision date was changed to 01/00.
- II. Section 1
 - A. The "RACE" field in this section was deleted, as this information is no longer captured at the Case level.
 - B. The one digit code field labeled, "FS QRTLY CNTCT" (Food Stamp Quarterly Contact) was changed to read "REP Code" (Reporting Code).
- III. Section 2

No Changes

- IV. Section 3
 - A. All occurrences of the field labeled "RACE" were deleted. (Race codes are automatically brought over to the FS case from the PA case.)
 - B. All occurrences of the field labeled "CIT" were deleted. (Citizenship codes are automatically brought over to the FS case from the PA case.)
- V. Section 4

No Changes

VI. Section 5

The column header in the Screen 5 section was changed from "EFFECTIVE DATE" to "FS INDIVIDUAL EFFECTIVE DATE".

VII. Section 6

- A. The "Date/Worker/Date /Authorized By" boxes, directly below, the Screen 6 section were moved to the right.
- B. A header labeled "RECOUPMENT" and three occurrences each of fields labeled "PAY LN" (2-character field) and "AMOUNT" (6character field) were added to this section. (This allows workers to reference FS payment lines and enter the amount by which these payments have been reduced--due to the presence of a FS Claim.)
- C. An 8-character field labeled "HEAP VENDOR ID" and a 20-character field labeled "CUSTOMER ACCOUNT NO" were added to this section. This facilitates the issuance of HEAP benefits in FS cases.
- VIII. Section 7

No Changes

IX. Section 8

No Changes

Delivery of these forms to the Albany Warehouse should be in the beginning of May 2000. Your district will not automatically receive copies.

In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the previous (6/97) version until your stock is depleted, or until July 2000, whichever occurs first. Reorders will be filled with the 1/00 version.

Requests for the revised 1/00 version of DSS-3558 should be submitted on Form DSS-876 (Rev. 2/96): "Request for Forms or Publications", and should be sent to:

New York State Department of Social Services Bureau of Forms and Print Management P.O. Box 1990 Albany, New York 12201

Questions concerning ordering forms should be directed to the Bureau of Forms and Print Management by calling 1-800-343-8859, ext. 4-2702.

Patricia A. Stevens Deputy Commissioner Division of Temporary Assistance