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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

Brian J. Wing
Commissioner

Informational Letter

Section 1

Transmittal:	02 INF 4
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	January 15, 2002
Subject:	Revision of the LDSS-3558: "Food Stamp Separate Determination Input Form" (10/01)
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	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. 10/01)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 ADM-16 00 INF-11					ABEL Trans 01-5 WMS/CNS Letters 7/3/01 and 8/23/01

Section 2

I. Purpose

The purpose of this INF is to introduce the revised LDSS-3558: "Food Stamp Separate Determination Input Form" (copy attached).

This data entry input form supports the Upstate WMS Separate Determination Process. It also is used to collect the information needed to conduct separate determinations for Food Stamp Benefits when a Temporary Assistance case is closed.

The latest revision of the LDSS-3558 is dated 10/01 and reflects:

- Implementation of the new "Food Stamp Transitional Benefit Alternative Program" (outlined in 01 ADM-16 and ABEL Transmittal 01-5).

and

- The ability to the authorize child care payments in a Food Stamp Benefits case. (outlined in WMS/CNS Letters dated 7/3/01 and 8/23/01).

Listed below is a detailed summary of the changes to the 1/00 version which were incorporated into the current (10/01) version:

1. **General** - The revision date was changed to 10/01.

2. **Section 1:**

A 1-character "SP CD" (Special Program Code) field was added between "REP CODE" (Reporting Code) and "RESP FOR CASE" (Responsible for Case) for FS-SSI Codes.

THIS FIELD IS RESERVED FOR FUTURE USE.

3. **Section 6:**

a. A 2-character "IND LN" (Individual Line Number) field was added between "PAY PERIOD" - "FROM" "TO" date and "SPC CLM" (Special Claiming) code for child care pay line.

b. The screen "6" indicator was changed to a "6/9" screen indicator.

II. Additional Information

Forms Requests

The revised 10/01 version of the LDSS-3558 is expected to be delivered to the Upstate (Albany Warehouse) in April 2002. Your district will **not** automatically receive copies of the revised form. In order to ensure that the usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 1/00 supplies until your stocks are depleted, or until May 2002, whichever occurs first.

Requests for the LDSS-3558 (Rev.10/01) should be submitted on Form OTDA-876 (Rev. 6/98):
“Request for Forms or Publications” form, and should be sent to:

Office of Temporary and Disability Assistance

Document Services

P.O. Box 1990

Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859
ext. 2-0164.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance