



**George E. Pataki**  
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

<b>Transmittal:</b>	02 INF 8
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	February 22, 2002
<b>Subject:</b>	Revision of the LDSS-3151: "Food Stamp Change Report Form" (Rev.9/01)
<b>Suggested Distribution:</b>	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	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
<b>Attachments:</b>	LDSS-3151 (Rev. 9/01)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 INF-5	01 INF-5			FSSB Section VI-B-1 all	

### Section 2

#### I. Purpose

The purpose of this release is to introduce the revised (9/01) LDSS-3151: “ Food Stamp Change Report Form” (copy attached). This mandated form is used by local districts to solicit information from Food Stamp Benefits recipients on changes in household circumstances.

The primary reason for this revision is to include the new six-month reporting requirements.

The following are the general changes to the 9/00 “Food Stamp Change Report Form” which are incorporated into the 9/01 version:

**A. General:**

1. The Revision Date was changed from 9/00 to 9/01.
2. The form was expanded to five pages.

**B. Pages 1 and 2:**

1. The instructional pages were expanded to two pages.
2. The Instructions for the “Food Stamp Benefits Reporting Rules” are now divided into three sections:
  - a. Food Stamp Benefit Reporting Rules for households **with** earned income (six-month reporters).
  - b. Food Stamp Benefits Reporting Rules for households **without** earned income (change reporters).
  - c. Food Stamp Benefits Reporting Rules for households in receipt of transitional benefits (TBA).
3. The third bullet that describes what a household has to report was changed to read:
  - Changes in your total household unearned income when it goes up or down by more than \$25 a month if received from a public source such as Social Security Benefits or Unemployment Insurance Benefits (UIB) etc.
4. A new fourth bullet was added that reads:
  - Changes in your total household unearned income when it goes up or down by more than \$100 a month if received from a private source such as Child Support Payments or Private Disability Insurance Payments etc.

**C. Page 3:**

1. The “Change In Income Or Source Of Income” section was changed to read:

You must tell us if the total unearned income received by your household goes up or down by more than \$25 a month if received from a public source such as Social Security Benefits or Unemployment Insurance Benefits (UIB) etc. You must also tell us if the total unearned income received by your household goes up or down by more than \$100 a month if received from a private source such as Child Support Payments or Private Disability Insurance Payments etc. Additionally, you must also tell us if the total earned income received by your household goes up or down by more than \$100 a month. In figuring the change, use your household’s total monthly income before deductions such as taxes, or retirement or union dues are taken out. You don’t have to report changes in your temporary assistance. You must also tell us if there is a change in your source income. If you are subject to six-month reporting requirements, you need only report, within 10 days of the end of the month, changes in your gross monthly income when it exceeds 130% of the poverty level. Changes in your gross

monthly income that do not exceed 130% of the poverty level must be reported at your next recertification.

2. The "Change of Address" section, instruction, "(if you are homeless, leave blank)", was added.

## II. Additional Information

### Forms Requests

The revised 9/01 version of the LDSS-3151 is expected to be delivered to the Upstate (Albany) and the HRA (New York City) warehouse in April 2002. The Spanish version of this form (LDSS-3151-S) will also be revised. Your district will not automatically receive copies of the revised forms.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 9/00 supplies until your stocks are depleted, or until May, 2002, whichever occurs first. Reorders of these forms will be filled with 9/01 versions.

Requests for the LDSS-3151 (Rev.9/01) and LDSS-3151-S (Rev.9/01) 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**