



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

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| Transmittal: | 02 INF 30 |
| To: | Local District Commissioners |
| Issuing Division/Office: | Division of Temporary Assistance |
| Date: | October 10, 2002 |
| Subject: | Revision of the "Food Stamp Household Composition Desk Guide" (LDSS-4314) (Rev.6/02) |
| Suggested Distribution: | Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators |
| Contact Person(s): | 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) 383-1454 WMS Questions: (518) 474-8749 |
| Attachments: | Attachment LDSS-4314: Food Stamp Benefits Household Composition Desk Guide |
| 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. |
|--------------------|--------------------|----------------|-----------------------------------|--------------|------------|
| 95-INF-48 | 95-INF-48 | 18 NYCRR 387.1 | 7 CFR 273.1 | FSSB V-A-All | |

Section 2

I. Purpose

The purpose of this INF is to introduce the revised LDSS-4314: "Food Stamp Benefits Household Composition Desk Guide" (Rev.6/02).

II. Background

The LDSS-4314 can be used by examiners as a “ready reference guide” to aid in clarifying household relationships and composition. Use of this form by local districts is optional.

III. Revisions

Revisions to the 4/95 version of the LDSS-4314 for the 6/02 version are outlined below:

A. Front:

1. The form number was changed from DSS-4314 to LDSS-4314.
2. The revision date was changed to (Rev.6/02).
3. The title of the form was changed to “FOOD STAMP BENEFITS HOUSEHOLD COMPOSITION DESK GUIDE”.
4. The “Food Stamp” reference was changed to “Food Stamp Benefits” in the first sentence under the title of the form.
5. Additional text was added to the end of the text in the second box in the “RELATIONSHIPS” section. The text now reads:

Parents and their children, 21 years of age or younger, living together (includes natural, adopted, and stepchildren) regardless of whether the children have a spouse or children of their own.

6. Some text was removed from the second box in the “RELATIONSHIPS - Situation Result” section. This section was revised to read:

Must be considered as a single household.

7. The following NOTE was added directly above the “CIRCUMSTANCES CAUSING INELIGIBILITY” section:

NOTE: There is no age requirement for an individual not under parental control to receive food stamp benefits.

B. Reverse:

1. The form number was changed from DSS-4314 to LDSS-4314.
2. The revision date was changed to (Rev.6/02).
3. The title of the form was changed to “FOOD STAMP BENEFITS HOUSEHOLD COMPOSITION DESK GUIDE”.
4. The first bullet in the first box of the “SPECIAL LIVING ARRANGEMENTS - Situation Result” section was changed to read:

Parents and children, age 21 and younger who live together.

5. The third bullet in the first box under the “SPECIAL LIVING ARRANGEMENTS - Situation Result” section was deleted.

6. The former fourth bullet under the “SPECIAL LIVING ARRANGEMENTS - Situation Result” section, was changed to the third bullet, and now reads:

Children under 18 years of age who are under the parental control of an adult member of the household including a sibling.

7. The first bullet in the “STUDENTS” section was changed to read:

Be Receiving Family Assistance or Federally funded Safety Net Assistance Benefits.

8. The third bullet in the “STUDENTS” section was changed to read:

Be enrolled full-time and be a single parent responsible for the care of a child under 12.

IV. Additional Information

Forms Requests

The revised 6/02 version of the LDSS-4314 is expected to be delivered to the Upstate (Albany) and the HRA (New York City) warehouses in December 2002.

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 4/95 supplies until your stocks are depleted, or until February 2003, whichever occurs first. Reorders of these forms will be filled with 6/02 versions.

Requests for the LDSS-4314 (Rev. 6/02) should be submitted on Form OTDA-876 (Rev. 6/98): “Request for Forms or Publications”, 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. 2-0159.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance