NEW YORK STATE
HOW TO COMPLETE THE
TEMPORARY ASSISTANCE (TA) – MEDICAL ASSISTANCE (MA)
MEDICARE SAVINGS PROGRAM (MSP) – FOOD STAMP BENEFITS (FS)
SERVICES (S), including Foster Care (FC)
CHILD CARE ASSISTANCE (CC) APPLICATION

Whenever you see "Temporary Assistance" or "TA" on the application, it means "Family Assistance" and "Safety Net Assistance". We call both of these Public Assistance Programs "Temporary Assistance". Social Services programs were created to give temporary help to those in need. Certain programs now have time limits on how long you can get help. It is important for you to achieve self-sufficiency as soon as you can. The local Department of Social Services is here to help you with your goal of self-sufficiency. In order to help you, we must know who you are and what you need. This is why you have been asked to fill out this Application. The things this application will tell us about you are:

- **Who you are**
- **Where you live**
- **How you have been living**
- **How we can help you**

The directions and application are numbered by Section to help you. You may write over these numbers when appropriate.

- PLEASE PRINT CLEARLY
- DO NOT WRITE IN THE SHADED AREAS
- BE SURE TO COMPLETE EACH SECTION THAT APPLIES TO YOU
- IF YOU ARE APPLYING AS SOMEONE'S REPRESENTATIVE, PLEASE PRINT INFORMATION ABOUT THAT PERSON, NOT YOURSELF.

WITHDRAWAL: IF YOU WANT TO WITHDRAW YOUR APPLICATION, TALK TO YOUR ELIGIBILITY EXAMINER.

In addition to the LDSS-2921: "Application", make sure you have been given copies of:

- **LDSS-4148A**: "What You Should Know About Your Rights and Responsibilities"
- **LDSS-4148B**: "What You Should Know About Social Services Programs"
- **LDSS-4148C**: "What You Should Know If You Have An Emergency"

NOTA: La Solicitud y su publicación complementaria están disponibles en Español.

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1	**PROGRAMS:**	Check (✓) the box for EACH program that you or any household member wants to apply for. Because of welfare reform, an application for Temporary Assistance is no longer automatically an application for Medical Assistance. **If you want to apply for both Temporary Assistance and Medical Assistance, check (✓) the "Temporary Assistance and Medical Assistance" box.** If you are applying for Temporary Assistance and Food Stamp Benefits, and/or Medical Assistance, usually you will be required to have only a single interview for all programs.
2	**DO YOU WANT TO RECEIVE NOTICES IN:**	Check (✓) the "Spanish and English" **or** "English Only" box.
	WHAT IS YOUR PRIMARY LANGUAGE:	Check (✓) the English or Spanish box or enter the language you speak and read.
3	**APPLICANT INFORMATION**	
	NAME:	PRINT your legal name including your first name, middle initial, and last name.
	MARITAL STATUS:	PRINT whether you are **now** single, married, widowed, legally separated or divorced.
	PHONE NO:	PRINT your home phone number. Include your area code.
	RESIDENCE ADDRESS:	PRINT the house number, street, avenue, road, etc., where you now live. **Apt No:** PRINT the number of your apartment. **City:** PRINT the city you live in. **County:** PRINT the county you live in. **State:** PRINT the state you live in. **Zip Code:** PRINT the zip code for your address.
	CARE OF NAME:	If you receive your mail in care of someone else, PRINT that name.
	MAILING ADDRESS:	If you get your mail somewhere other than where you live, PRINT that address in this space.
	AGENCY HELPING APPLICANT:	If an agency is helping you apply, PRINT the name of the agency, the person helping you from the agency and the person's telephone number.
	HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS:	PRINT the number of years and/or months that you have lived where you are now living.
	ANOTHER PHONE:	If you can be reached at someone else's phone, PRINT that person's name and telephone number. If you are working, PRINT your employer's name and telephone number.
	DIRECTIONS TO HOME:	PRINT directions on how to find your home. Use commonly known landmarks.
	FORMER ADDRESS:	PRINT the address where you lived before you moved to your present address.

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4 **FOOD STAMP BENEFITS APPLICANTS:**

You have the right to turn in your Food Stamp Benefits application during office hours on the same day you get the form. It must be accepted if it has at least your name, address (if you have one) and signature. To figure out if you can get Food Stamp Benefits, however, you will have to fill out the whole form.

5 **DO ANY OF THESE APPLY TO YOU?**

Check (✓) EACH item that applies to you.

PAGES 2 AND 3 OF THE APPLICATION

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HOUSEHOLD MEMBERS INFORMATION

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. PRINT your full name first. Then PRINT the names of the other people who live with you:

- Check (✓) the type(s) of Assistance each person is applying for: Temporary Assistance (TA), Food Stamp Benefits (FS), Medical Assistance (MA), Medicare Savings Program (MSP), Child Care Assistance (CC), Foster Care (FC), and/or Services (S).

  NOTE: Applicants for MSP complete all sections required for MA.
- PRINT the date of birth and sex for **each** person who is applying.
- For each person who is applying, PRINT their relationship to you (For example: wife, son, foster child, friend, roomer, boarder, etc.).
- PRINT each person's Social Security Number **unless that person is:**
  - Not applying for assistance or services of any kind; or
  - A pregnant woman who is applying **only** for Medical Assistance; or
  - An alien who is applying **only** for Medical Assistance or benefits as a result of an emergency medical condition; or
  - An adult applying **only** for adult protective services; or
  - Applying **only** for child care assistance, except as part of a preventive services case.

NOTE: Other Services, such as foster care, child protective, child preventive, and counseling, are funded by a variety of funding sources, many of which require that a Social Security Number be provided. While applicants for some Services are not required to provide a Social Security Number, these Services may be unavailable to you if you do not furnish a Social Security Number. We are therefore requesting a Social Security Number of all applicants for these Services, in order to help them get all the benefits for which they may qualify.

- Highest School Grade Completed: Enter the highest school grade (1-12) completed for each person applying for assistance. If more than 12 years, enter 12. If no formal schooling, enter 0. If you are applying **only** for Medical Assistance or **only** for Services, you do not have to answer this question.
- Purchasing or Preparing Meals: It is important to check (✓) YES or NO to the Question "Does this person (including your minor children) buy food or prepare meals with you?" for every person who lives with you. Sometimes, people who buy food and prepare meals separately may get more Food Stamp Benefits.

PAGES 2 AND 3 OF THE APPLICATION

HOUSEHOLD MEMBERS INFORMATION (cont'd)

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- Race/Ethnic Affiliation: You must fill out this section for each person applying for assistance, including Child Care Assistance. Enter **Yes** or **No** if your ethnicity is Hispanic or Latino(a), also enter the letter that best tells your racial background. This information is required by the Federal government. If you do not fill out this section, an interviewer in the agency must fill it out based on observation.

  If you are applying for Medical Assistance **only** you may fill out this section if you want to. If you do not fill out this section, an interviewer in the agency may fill it out based on observation.

  If you are applying for Foster Care, fill out this section only for the children for whom you are seeking foster care. If you do not fill out this section, an interviewer from the agency may fill it out based on observation.

NOTE: If you are applying for Services and do not fill out this section, it may not be possible to provide you with certain services. This depends upon the source of funds we use to pay for those services.

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OTHER NAMES INFORMATION

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PRINT any maiden names, names from a previous marriage, or other names which any person listed above has used or now uses.

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CITIZENSHIP/ALIEN STATUS INFORMATION

Complete this section if you are applying for **Medical Assistance, Temporary Assistance, Food Stamp Benefits, Child Care Assistance or Foster Care**.

NOTE: You **DO NOT** have to complete this certification if you are applying for **Medical Assistance only** and

- You are pregnant, or
- You are applying **only** for coverage for the treatment of an **emergency** medical condition, or
- You are *neither* a **citizen or national of the United States** *nor* **an alien with satisfactory immigration status. The term "satisfactory immigration status" means an immigration status which does not make the individual ineligible for benefits under the applicable program.** If you have any questions about your immigration status, please see LDSS-4148B: "What You Should Know About Social Services Programs" or talk to your worker.

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NOTE: You **DO** have to fill out this section if you are:

- Applying for Medical Assistance **only,** but you do not have to include people who do not want Medical Assistance.
- Applying for Child Care Assistance **only,** but you need to fill out the information only for the children who would be receiving Child Care Assistance.
- Applying for Foster Care **only**, but you need to fill out the information only for the children who would be receiving Foster Care.
- Applying for other Services under certain circumstances.

NOTE: If you are applying for other **Services** and do not provide the information, it may not be possible to provide you with certain services. This depends upon the source of funds we use to pay for those Services.

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CERTIFICATION OF CITIZENSHIP/ALIEN STATUS INFORMATION

If you are applying for **Medical Assistance, Temporary Assistance, Food Stamp Benefits, Child Care Assistance or Foster Care,** you **must complete and sign** this written certification of citizenship or satisfactory immigration status.

NOTE: The term "satisfactory immigration status" means an immigration status which does not make the individual ineligible for benefits under the applicable program. If you have any questions about your immigration status, please see LDSS-4148B: "What You Should Know About Social Services Programs" or talk to your worker.

NOTE: You **DO NOT** have to sign this certification if you are applying for **Medical Assistance only** and:

- You are pregnant, or
- You are applying **only** for coverage for the treatment of an **emergency** medical condition, or
- You are *neither* a **citizen or a national of the United States** *nor* **an alien with satisfactory immigration status**.

NOTE: You **MUST** sign this certification if you are a **U.S. citizen** or **national,** or **an alien with satisfactory alien status,** and you are applying for:

- Temporary Assistance (where there are children in the household or a member of the household is pregnant); or
- Food Stamp Benefits; or
- Medical Assistance (except if the applicant is pregnant); or
- Medicare Savings Program; or
- Child Care Assistance (certification is needed for the children **only**); or
- Foster Care (Certification is needed for the children **only**); or
- Other Services under certain circumstances.

NOTE: If you are applying for other **Services** and do not sign the certification, it may not be possible to provide you with certain Services. This depends upon the source of funds we use to pay for those Services.

A signature and date of signing must be given for all persons applying for these benefits, except as noted above.

- An adult household member or authorized representative may sign for all applying household members.
- If an applying household member is under 18 (or is 18 or older but is unable to sign their own name due to a medical impairment or disability), a household member who is 18 or older must sign for them.

NOTE: When signing for another individual, sign *your* own name. **For example**, Mary Doe, when signing for infant Johnny Doe, must sign Mary Doe.

A *parent* without satisfactory status may sign for his/her *child* who has satisfactory status. **For example,** a mother who does not have satisfactory alien status may still sign the certification for her children who are citizens.

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CERTIFICATION OF CITIZENSHIP/ALIEN STATUS INFORMATION (cont'd)

NOTICE

You should not sign this declaration for yourself or for another person who is neither a citizen or national of the United States nor an alien with satisfactory immigration status. Noncitizens without satisfactory immigration status are not eligible for any Temporary Assistance, Food Stamp Benefits or Medical Assistance benefits (except Medical Assistance for a pregnant person or Medical Assistance coverage ONLY for treatment of an emergency medical condition). Such persons may also be ineligible for certain Services.

We may confirm the immigration status of any or all household members applying for Temporary Assistance, Medical Assistance benefits, Food Stamp Benefits or Services by submitting the information you give us to the Immigration and Naturalization Service (INS). Information received from the INS may affect your household's eligibility and level of benefits.

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NON-CUSTODIAL PARENT/CHILD SUPPORT/MEDICAL SUPPORT INFORMATION

10 **TEMPORARY ASSISTANCE, MEDICAL ASSISTANCE, MEDICARE SAVINGS PROGRAM, CHILD CARE ASSISTANCE AND SERVICES APPLICANTS ONLY:**
Fill out this section if any of the following apply:

1. You or anyone who lives with you is pregnant and the father of the unborn child lives someplace else.
2. You are applying for any person under 21 and this person's parent(s) lives outside of the household.
3. You are under 21 and your parent(s) do not live with you.

NOTE: You do not need to fill out this section if you are applying only for Medical Assistance and you are pregnant, gave birth within the past two months, or are applying for children under 21 only.

ABSENT/DECEASED SPOUSE INFORMATION

11 **TEMPORARY ASSISTANCE, MEDICAL ASSISTANCE, SAVINGS PROGRAM, CHILD CARE ASSISTANCE AND SERVICES APPLICANTS ONLY**: If anyone who is applying is married and their husband or wife does *not* live with them, fill out this section as best you can. If you don't know where this person lives now, PRINT their last known address.

ABSENT CHILD INFORMATION

12 **TEMPORARY ASSISTANCE, MEDICAL ASSISTANCE, SAVINGS PROGRAM, CHILD CARE ASSISTANCE AND SERVICES APPLICANTS ONLY.** If anyone applying has a child under 18 living someplace else, please list the parent and child.

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TEEN PARENT INFORMATION

13 Only applicants for Temporary Assistance must complete this section. If there are teen parents under the age of 18 in your household who are applying for assistance, list their names. If the teen parent's child lives in the household, list the child's name.

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INCOME INFORMATION

Check (✓) YES or NO for yourself or anyone who lives with you. For each "Yes" answer, PRINT the dollar ($) amount or value and the name of the person who gets the income.

14 **NOTE: Foster Care Payments and Food Stamp Benefits -** If you get foster care payments for the care of a foster child or adult, you have two choices. You can choose to include the foster care child or adult and the foster care payments in your Food Stamp Benefits household, or you can choose **not** to include the foster care child or adult and the payments. Ask your worker which way would give you more Food Stamp Benefits.

STEPPARENT/ALIEN SPONSOR INFORMATION

15 Check (✓) YES or NO for yourself, spouse and everyone who is applying for assistance. For each "YES" answer, PRINT the name of the person that the answer refers to.

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EMPLOYMENT INFORMATION

Complete this page for yourself and for everyone who is applying for assistance.

16 **NOTE:** If you are employed, you may still be eligible for Temporary Assistance, Medical Assistance, Services and/or Food Stamp Benefits and help with paying your child care costs.

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EDUCATION/TRAINING INFORMATION

17 Complete this page for yourself and for everyone who is applying for assistance, including Child Care Assistance and/or Foster Care or other services. Be sure to answer the question about where your children go to school.

NOTE: If you are applying **only** for Medical Assistance, you do not need to fill out this page.

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RESOURCES INFORMATION

Check (✓) YES or NO for each question for yourself and everyone who is applying for assistance. For each "Yes" answer, PRINT the dollar ($) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings.** Temporary Assistance and Medical Assistance applicants must also answer these questions about **legally responsible relatives. These are people who are required by law to support you financially, such as** your spouse, and if you are under 21, your parents, or stepparents or guardians that live with you.

NOTE: You **do no**t have to fill out this section:

- If you are applying **only** for Medical Assistance for children under **19,** or are a pregnant woman.
- If you are applying **only** for Services *(other than Foster Care)*, and/or Child Care Assistance**.**
- If you are applying **only** for Food Stamp Benefits, you **do not** have to answer the question on life insurance.

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NOTE: If you are applying for Foster Care, you must fill out this section.

Has Resources Other Than Those Listed Above: Include items such as vacation homes, campers, snowmobiles, boats, etc.

NOTE: It is very important to let your worker know right away if you get or are expecting to get a lump sum. A lump sum is a one time payment, such as an insurance settlement, inheritance, award from a lawsuit or lottery winning. See the LDSS-4148A: "What You Should Know About Your Rights and Responsibilities" for more information about lump sums.

NOTE: If you or your spouse transfer or give away any assets within the 36 months (60 months for transfers to a trust) prior to the first of the month in which you are in receipt of nursing facility services and have submitted an application for Medical Assistance, you may not be eligible to receive nursing facility services or home and community-based waivered services under the Medical Assistance Program.

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MEDICAL INFORMATION

Check (✓) YES or NO for yourself and everyone who is applying for assistance. For each "YES" answer, PRINT the requested information. Be sure to list all health and hospital/accident insurance that you have or that is available to anyone applying. Medical Assistance may be able to pay for medical bills for care you were given during the three months before the month you apply for help. If you have already paid the bill we may be able to pay you for the bill if we determine that you would have been eligible for Medical Assistance at the time. We can pay you even if the doctor or other provider does not accept Medical Assistance, but we can only pay you the amount Medical Assistance pays and only if the bill was for services that Medical Assistance covers.

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After the day you apply for Medical Assistance, you must make sure the doctor or other provider accepts Medical Assistance before you get medical care.

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SHELTER INFORMATION

20 PRINT the amount you pay for rent, mortgage, room and board or other housing. If you have a mortgage payment, include property taxes, homeowner's insurance (including fire insurance), and assessments in the Shelter Expenses Amount. If you pay for your heat separately from your rent/mortgage, PRINT the dollar ($) amount paid for heat each month. If you pay for other utilities separately from your rent/mortgage, PRINT the dollar ($) amount paid for each utility each month. Be sure to answer the other four shelter questions at the end of this section.

NOTE: If you are applying for Foster Care, you must fill out this section.

NOTE: You do not have to fill out this section if you are applying only for Services *(other than Foster Care)* and/or Child Care Assistance.

NOTE: If you are unsure about how to answer any questions about your type of housing or the amount of your shelter expenses, ask your worker.

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OTHER EXPENSES INFORMATION

21 Check (✓) YES or NO for yourself and everyone who is applying for assistance. For each "YES" answer, PRINT a dollar ($) amount.

OTHER INFORMATION

Check (✓) YES or NO for yourself and everyone who is applying for assistance.

NOTE: "U.S. Military" means the:

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- U.S. Army
- U.S. Navy
- U.S. Coast Guard
- U.S. Marines
- U.S. Air Force
- U.S. Merchant Marine during World War II

ASSISTANCE: If you or anyone who lives with you now receives or has ever received Temporary Assistance, Medical Assistance, Food Stamp Benefits, Child Care Assistance or Services, check (✓) the YES box(es). PRINT this person's name, type of assistance, where it was received, and the last date that assistance was received.

PROPERTY TRANSFER STATUS: Check (✓) the **I have** box or **I have not** box.

NOTE: New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services or Child Care Assistance by hiding the facts or not telling the truth.

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DO NOT WRITE ON THIS PAGE

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23 **PRIVACY ACT STATEMENT/REIMBURSEMENT OF MEDICAL EXPENSES/SUPPORT/NON-DISCRIMINATION NOTICE:** Read this section carefully or have someone read it to you.

24 **FOOD STAMP BENEFITS AUTHORIZED REPRESENTATIVE:** If you are applying for Food Stamp Benefits and you want someone from outside your household to get the Food Stamp Benefits for you or to buy the food for you, PRINT their name, address and telephone number.

25 **PENALTIES:** Read this section carefully or have someone read it to you.

NOTE: New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services or Child Care Assistance by hiding the facts or not telling the truth.

PAGE 15 AND 16 OF THE APPLICATION

26 **LEGAL STATEMENTS:** Read this section carefully or have someone read it to you.

27 **AUTHORIZATION FOR REIMBURSEMENT FROM SSI:** Read this section carefully or have someone read it to you. If this is an application for Temporary Assistance and both husband and wife who live together are applying for Temporary Assistance, both must sign the Signature section at the bottom of the page.

NOTE: The Social Security Administration may treat the date you submit this signed authorization to the local department of social services as the date you first become eligible for SSI if you submit an application for initial SSI benefits within the next 60 days.

28 **SIGNATURES:** Read this section carefully or have someone read it to you. New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, Food Stamp Benefits, Child Care Assistance or Services by hiding the facts or not telling the truth.

Sign your name. Date the application. When **both** husband and wife who live together are applying for Temporary Assistance, Medical Assistance, Child Care Assistance or Services, **both** must sign. If you are applying **just** for Food Stamp Benefits, only one signature is needed. If you have filled out the application for someone else, sign **your name** here and PRINT the date you signed. **All** persons 18 years of age or older must sign.

NOTE: The last page of this Application is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect the amount of assistance that you will be given by this agency.

PAGE 15 AND 16 OF THE APPLICATION

NOTICE: Applicants for Temporary Assistance, Medical Assistance, Child Care Assistance, Services and Food Stamp Benefits, who are not satisfied with the action taken on their application, have a right to request a fair hearing by contacting the Office of Administrative Hearings, New York State Office of Temporary & Disability Assistance, PO Box 1930, Albany, New York 12201.

Information from your application and interview will be entered and stored in the Welfare Management System (WMS), a statewide computer system. This system is used to improve the management of Social Services programs and to deter fraud.