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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

<b>Transmittal:</b>	03 INF 31
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	July 30, 2003
<b>Subject:</b>	Revision of the LDSS-3558: "Food Stamp Separate Determination Input Form" (Rev.5/03)
<b>Suggested Distribution:</b>	Food Stamp Benefits Staff Temporary Assistance Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Eastern Region - (518) 473-1469 Central Region - (518) 474-9344 Western Region - (518) 473-0332 Metro Region - (212) 383-1655 WMS Questions: (518) 474-8749
<b>Attachments:</b>	Attachment - LDSS-3558: "Food Stamp Separate Determination Input Form" (Rev.5/03)
<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 ADM-16 00 INF-11 02 INF-4 02 INF-13	02 INF-13				ABEL Transmittal 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" (5/03) (Copy attached).

### II. Background

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.

### III. Program Implications

The latest revision of the LDSS-3558 is dated 5/03 and reflects that:

1. A one character field labelled "TOP" was added on the "FS Auth. Period" line in Section 1, to the right of the "REP CODE" field. (The TOP Indicator signifies participation in the Transitional Opportunities Program.)
2. The hash mark has been deleted in the "SPC CLM" field 1-12 in Section 6. The "SPC CLM" field is a one character field.
3. The last character from both "HEAP Vendor ID" fields on the bottom of Screen 6 was deleted. These fields should be 8 characters, not 9, as erroneously printed on the DSS-3209.
4. The word "HEAP" was deleted from the second occurrence of the "HEAP Vendor ID", 8 character field, at the bottom of Section 6. This field will now be used for "non-HEAP" vendors.

### IV. Additional Information

#### Forms Requests

The revised 5/03 version of the LDSS-3558 is expected to be printed and delivered to the Upstate (Albany Warehouse) in August 2003. Your district will **not** automatically receive copies of the revised form. In order to ensure that the usage of the revised forms begins within a reasonable amount of time, you may continue to use the previous 02/02 supplies until your stocks are depleted, or until October 2003, whichever occurs first.

Requests for the LDSS-3558 (Rev.5/03) should be submitted on form OTDA-876 (Rev.6/98): "Request for Forms or Publications", and should be sent to:

NYS 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. 4-9522.

**Issued By**

**Name: Patricia A. Stevens**

**Title: Deputy Commissioner**

**Division/Office: Division of Temporary Assistance**