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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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Brian J. Wing
Commissioner

Informational Letter

Section 1

Transmittal:	03 INF 33
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	July 30, 2003
Subject:	Revision of the LDSS-3151: "Food Stamp Change Report Form": (Rev. 6/03)
Suggested Distribution:	Food Stamp Benefits Staff Temporary Assistance Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	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
Attachments:	Attachment - LDSS-3151 (Rev. 6/03)
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-9 02 ADM -7 02 INF-8 03 INF-2				FSSB Section VI-B-1 all	

Section 2

I. Purpose

The purpose of this release is to introduce the revised (6/03) LDSS-3151: “Food Stamp Change Report Form”. This **mandated** form is used by local districts to solicit information from Food Stamp benefits recipients on changes in household circumstances.

The primary reasons for this revision are to inform:

- Food Stamp benefits recipients that they can receive Transitional Food Stamp Benefits for up to **five months** after their Temporary Assistance case closes.
- Local districts that this form is available in Spanish and now, for the first time, in Russian.

II. Program Implications:

The following are the changes to the 1/03 “Food Stamp Change Report Form” which are incorporated into the 6/03 version:

- A. **General** - The revision date was changed on every page to (Rev.6/03).
- B. **Page 2** – The first bullet in the “Transitional Benefits Section” was changed to read:
 - Transitional Food Stamp benefits are Food Stamp benefits that you can receive for up to 5 months after your Temporary Assistance case closes.

III. Forms Implications:

English Version:

The revised 6/03 **English version** of the LDSS-3151: “Food Stamp Change Report Form” will be delivered to the Upstate (Albany) and the HRA (New York City) warehouses in August 2003. All Rest of State (ROS) and NYC local districts **will automatically receive** supplies. Upon receipt of the revised (6/03) **English version** of the LDSS-3151, all previous versions must be destroyed.

Other than English Versions:

The revised 6/03 **Spanish version** of the LDSS-3151-SP: “Food Stamp Change Report Form” (Spanish) and the first printing of a **Russian version**, LDSS-3151-RU: “Food Stamp Change Report Form” (Russian) have been delivered to the Upstate (Albany) and the HRA (New York City) warehouses.

Only NYC will automatically receive supplies of these forms (LDSS-3151-SP and LDSS-3151-RU). Other districts must order Spanish and Russian versions using the procedure described below.

Upon receipt of the 6/03 **Spanish version** (LDSS-3151-SP) all previous versions must be destroyed.

Future requests for printed copies of the 6/03 versions of LDSS-3151, the LDSS-3151-SP, and the LDSS-3151-RU 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. 4-9522.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance