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Governor

**NEW YORK STATE**  
**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**Robert Doar**  
Acting Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	03 INF 39
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Program Support & Quality Improvement
<b>Date:</b>	October 27, 2003
<b>Subject:</b>	New Statewide "Common Application", LDSS - 2921 Statewide (Rev. 7/03) New Statewide "How to Complete" publication, PUB - 1301 Statewide (Rev. 7/03).
<b>Suggested Distribution:</b>	Temporary Assistance Food Stamp Directors Medical Assistance Directors Directors of Services CAP Coordinators Staff Development Coordinators Child Support Enforcement Coordinators Employment Coordinators Forms Coordinators WMS Coordinators
<b>Contact Person(s):</b>	John Paolucci, Assistant Division Director (518) 474-1683
<b>Attachments:</b>	Attachment 1 - LDSS-2921 Statewide (Rev. 7/03) Attachment 2 - PUB-1301 Statewide (Rev. 7/03)
<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.
85 ADM-38 89 INF-53 95 INF-8 95 INF-29 01 INF-22 02 INF-20	95 INF-29 95 INF-8	350.4 351.21 360.1 369.1 369.4 387.6 387.17 404.1		PSAB III-E, III-H, V-B-1, V-C FSSB IV-E-2, IV-F IV-E-5, VI-A MARG p. 364	95-ADM-1

## Section 2

### I. Purpose

This INF introduces revisions made to the following mandated forms:

LDSS-2921 Statewide Common Application Form  
PUB-1301 Statewide “How to Complete” Publication

This INF releases the (Rev. 7/03) versions of this form and publication.

### II. Background

02 INF 20 introduced the “Statewide” Common Application Form LDSS-2921 Statewide (Rev. 5/02) and the associated PUB-1301 Statewide (Rev 5/02).

This release includes specific changes that are outlined in the following section, which are **bolded**.

### III. Form and Publication Implications:

#### LDSS-2921 Statewide Changes:

Page 3, within the shaded Worker area within the Consider items, the check “**SS 5/LDSS 4000**” has been removed as an item to consider.

Page 6, within the shaded Worker area within the Consider items, a check “**Refugee Matched Grants**” has been added as an item for consideration.

Page 10, Section 19, under Medical Information, Indicate if you or anyone who lives with you is applying: added, “**Is on SSI or has ever applied for SSI.**”

Page 10, within the shaded Worker area within the Consider items, a check “**Earned Income Credit**” has been added as an item for consideration.

Page 11, Section 20, under Shelter, “Do you (or anyone who lives with you) have the following expenses separate from your rent or shelter expense?”, changed “Telephone” to “**Standard telephone, cell phone, pay-phone, pre-phone card**”.

Page 11, within the shaded Worker these changes were made:

- Within the Consider items, a check “**if shelter expenses/living quarters are shared by more than one household**” was added.
- Under Monthly Expenses, item H. “**Telephone fees**” was removed from the “**Utility/Telephone Installation Fees**” monthly expenses listing.
- “**\* Consider customer of record for SUA**” was removed.
- “**Check Primary Heat Type**” was added to this page.

Page 12, within the shaded Worker areas adjacent to Additional Information Other Expenses Section 21, “**How Often Paid, Legally Obligated and Child in FS HH**” areas were added for the Worker to note.

Page 12, within the shaded Worker area within Referrals, the “**State Charge**” was removed.

Page 15, Section 25, the following changes were made to the 1<sup>st</sup> and 3<sup>rd</sup> bullets in the section that lists infractions that would disqualify an applicant/recipient from ever receiving Food Stamp Benefits again and a new paragraph was added after the 4<sup>th</sup> bullet:

- First bullet, “**for the second time**” of buying or selling controlled substances was added.
- Third Bullet, “**law of**” trafficking in FS worth \$500 was added.
- A new paragraph was added after the 4th bullet that reads:

**“You will not be able to get FS for two years if you are found guilty in a court of law for the first time buying or selling controlled substances (illegal drugs or certain drugs for which a doctor’s prescription is required) in exchange for FS.”**

Page 16, Section 26, Assignments, Authorizations & Consents: Added “Release of Medical Information” language relevant to the Health Insurance Portability and Accountability Act 1996 (HIPAA) requiring all Medical Assistance applicants to sign a release of information.”

#### **PUB-1301 Statewide Changes:**

Page 2, Section 1, “Programs”: “**If you want to apply for the Medicare Savings Program check (✓) the Medicare Savings Program box.**” was added.

Section 2, “What Is Your Primary Language:” has been changed to read: “ Check (✓) the English or Spanish **or Other box** and enter your primary language”.

Page 7, Section 16, the “Note” has changed to: “If you are employed, you may still be eligible for Temporary Assistance, Medical Assistance **or other health care programs**, Services and/or Food Stamp Benefits and help with paying your child care cost”.

Page 9, Section 20, the instructions on how to fill out the Shelter Section have changed.

Section 25, “Penalties” was changed to “**Penalties/Food Stamp Benefits (FS) Penalty Warning**”, The “Note” was also changed.

Section 26, “Legal Statement” was changed to “**Assignments, Authorizations & Consents**”,

Page 11: a “Note” was moved from Page 10 to Page 11 explaining the Voter Registration Form on the back of the application.

#### **IV. Forms Implications**

Districts were sent supplies of the LDSS-2921 Statewide (Rev. 7/03) and PUB-1301 Statewide (Rev 7/03) “How to Complete”. Upon receipt of this version, any supply of the previously issued (Rev. 5/02) should be destroyed.

Any future requests for printed copies of the (Rev. 07/03) versions of the LDSS-2921 Statewide Common Application and the PUB-1301 Statewide “How to Complete” should be submitted on an OTDA-876 (Rev. 6/98): “Requests 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. 4-9522.

In addition, electronic PDF versions of the (Rev 07/03) LDSS-2921 Statewide and the PUB-1301 Statewide are posted on the OTDA Intranet Home Page, LDSS E-Forms link. [http://sdsnet5/otda/ldss\\_eforms/default.htm](http://sdsnet5/otda/ldss_eforms/default.htm)

## **V. Additional Information**

Because these documents provide current program and policy information as well as mandated legal information, comments on the format and content of these forms and publications are always welcomed. Comments received will be pended and considered at the next printing of these forms.

Comments may be forwarded to:

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### **Issued By**

**Name: Mary Meister**

**Title: Deputy Commissioner**

**Division/Office: Division of Program Support & Quality Improvement**