



George E. Pataki
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

Transmittal:	03 INF 41
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	October 31, 2003
Subject:	Revisions to Client Notices
Suggested Distribution:	Temporary Assistance Staff; Food Stamp Benefits Staff; Medicaid Directors; CAP Coordinators; 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) 383-1658; WMS Questions: (518) 474-8749
Attachments:	Attachment I - Listing of all file references - available online
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.
See Attachment I		See Attachment I	See Attachment I	See Attachment I	See Attachment I

Section 2

I. Purpose

The purpose of this release is to introduce revisions to the following mandatory client notices:

- LDSS-2114:** “Continuing Your Public Assistance, Medical Assistance and/or Food Stamp Benefits”(Statewide) (Rev.4/03)
- LDSS 3152:** “Action Taken on Your Food Stamp Case” (Rest of State) (Rev.2/03)
- LDSS-3152 NYC:** “Action Taken on Your Food Stamp Case” (NYC) (Rev.2/03)
- LDSS-3153:** “Continuing Your Food Stamp Benefits” (Statewide) - **FORM OBSOLETE**
- LDSS-3156:** “Notice of Food Stamp Overpayment (Demand Letter) (Timely and Adequate)” (Rev.2/03)

- LDSS-3156 NYC:** “Notice of Food Stamp Overpayment (Demand Letter) (Timely and Adequate)” (NYC) (Rev.2/03)
- LDSS-3620:** “Notice of Intent To Change Food Stamp Benefits (Timely and Adequate)” (Rev.2/03)
- LDSS-3620 NYC:** “Notice of Intent To Change Food Stamp Benefits (Timely and Adequate)” (NYC) (Rev.2/03)
- LDSS-3621:** “Notice of Intent To Change Food Stamp Benefits (Adequate Only)” (Rev.2/03)
- LDSS-3621 NYC:** “Notice of Intent To Change Food Stamp Benefits (Adequate Only)” (NYC) (Rev.2/03)
- LDSS-3969A:** “Notice of Action on Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services - PART A” (Rev.3/03)
- LDSS-3969B:** “Notice of Action on Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services - PART B” (Rev.3/03)
- LDSS-4013A:** “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART A” (Rev.2/03)
- LDSS-4013A NYC:** “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART A” (NYC) (2/03)
- LDSS-4013B:** “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART B” (Rev.2/03)
- LDSS-4013B NYC:** “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART B” (NYC) (2/03)
- LDSS-4014A:** “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A” (Rest of State) (Rev.2/03)
- LDSS-4014A NYC:** “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A” (NYC) (2/03)
- LDSS-4014B:** “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B” (Rest of State) (Rev.2/03)
- LDSS-4014B NYC:** “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B” (NYC) (2/03)
- LDSS-4015A:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Timely & Adequate)” (Rest of State) (Rev.2/03)
- LDSS-4015A NYC:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Timely & Adequate)” (NYC) (2/03)
- LDSS-4015B:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Timely & Adequate)” (Rest of State) (Rev.2/03)
- LDSS-4015B NYC:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Timely & Adequate)” (NYC) (2/03)
- LDSS-4016A:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Adequate Only)” (Rest of State) (Rev.2/03)
- LDSS-4016A NYC:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services- PART A (Adequate Only)” (NYC)(2/03)
- LDSS-4016B:** “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Adequate Only)” (Rest of State) (Rev.2/03)

LDSS-4016B NYC: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Adequate Only)” (NYC) (2/03)

II. Program Implications

The following is a general listing of the revisions to the client notices:

LDSS-2114: “Continuing Your Public Assistance, Medical Assistance and/or Food Stamp Benefits” (Rev.4/03)

1. In the spirit of the paperwork reduction, the LDSS-2114 was revised to include the Food Stamp Benefits recertification call-in information from the LDSS-3153: “Continuing Your Food Stamp Benefits”.

To accommodate this information, the size and formatting of this form was changed from 8½ in. x 11 in. to 8½ in. x 14 in. This chemically carbonless form, however, continues to consist of three ply.

Also, because the Food Stamp Benefits required information from the LDSS-3153 is incorporated into the 4/03 version of LDSS-2114, the continued use of LDSS-3153 is no longer necessary and that form is now obsolete. (See information about this on Page 4 in the LDSS-3153 section).

2. The revision date was changed to (Rev.4/03) on every page.
3. Examples of types of proof required to determine continued eligibility for Public Assistance and Food Stamp Benefits were listed.
4. Much of the Medical Assistance information contained in previous versions of this form was removed to comply with a legislative change that took effect on April 1, 2003. That change eliminates the need for Medical Assistance recipients to appear at a face-to-face interview when recertifying for Medical Assistance.
5. A listing was added to inform applicants/recipients of the resulting consequences, if they do not appear for a face-to-face interview when recertifying for Public Assistance and Food Stamp Benefits. This information does not pertain to Medical Assistance recipients because a face-to-face interview is not required for Medical Assistance.
6. Language was added to instruct applicants/recipients about the valid hardship circumstances that allow for the Food Stamp in-office interview requirement to be waived.
7. Language was added to instruct applicants/recipients that members of the household, who are getting SSI or plan to apply for SSI, may apply for Food Stamp Benefits at the Social Security Office.
8. Conference and Fair Hearing information was added for applicants/recipients who are receiving Food Stamp Benefits.

LDSS-3152: “Action Taken on Your Food Stamp Case” (Rev.2/03)

LDSS-3152 NYC: “Action Taken on Your Food Stamp Case” (NYC) (Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. A cover sheet was added **ONLY** to the New York City version of this form, LDSS-3152 NYC. The text, displayed in 10 different languages, reads:

“Important Notice: If you need help reading this notice, contact your worker.”

3. A new “Food Stamp Benefits – Overpayment Information” section, that contains 4 check box scenarios was added directly below the “Food Stamp Benefits – Denied” area, and the previous “overpayment language” in the other sections were deleted.

LDSS-3153: “Continuing Your Food Stamp Benefits” (Rev.4/02) (FORM IS OBSOLETE)

The required information contained in the LDSS-3153 has been incorporated into the 4/03 version of the LDSS-2114: “Continuing Your Public Assistance, Medical Assistance and/or Food Stamp Benefits”. Therefore, this form is no longer allowed and **is now obsolete**. Upon receipt of the revised 4/03 version of the LDSS-2114, **all remaining supplies of the LDSS-3153: “Continuing Your Food Stamp Benefits” should be destroyed.**

LDSS-3156: “Notice of Food Stamp Overpayment (Demand Letter) (Timely & Adequate)” (Rev.2/03)

LDSS-3156 NYC: “Notice of Food Stamp Overpayment (Demand Letter)(Timely&Adequate)”(Rev.2/03) (NYC)

1. The revision dates were changed on every page to (Rev.2/03).
2. A cover sheet was added **ONLY** to the New York City version of this form, LDSS-3156 NYC. The text displayed, in 10 different languages, reads:

“Important Notice: If you need help reading this notice, contact your worker.”
3. In Section 2 of the “Food Stamp - Overpayment Information” section, the second sentence was changed to read:

“You have the right to a fair hearing that this amount is correct and shows all payments that have already been made.”
4. The “Request for Compromise” information was added as number “3” in the “Food Stamp - Repayment Information” section on the front of these notices. (See Informational Letter, 03 INF-15: “Compromise of Food Stamp Claims for Overissuance”)
5. The 90-day “Preclusive Fair Hearing Time Frame Request” language for Food Stamp Benefits applicants/recipients was added to the “State Fair Hearing” information section on the reverse of these notices.

LDSS-3620: “Notice of Intent To Change Food Stamp Benefits (Timely and Adequate)” (Rev.2/03)

LDSS-3620 NYC: “Notice of Intent To Change Food Stamp Benefits (Timely and Adequate)” (NYC) (Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. A cover sheet was added **ONLY** to the New York City version of this form, LDSS-3620 NYC. The text in 10 different languages reads:

“Important Notice: If you need help reading this notice, contact your worker.”
3. An additional, unnumbered box was added to Section 1 (Reduce). Workers will use this box if a Food Stamp Benefits certification period is to be extended. Also, an area for workers to indicate when the extended Food Stamp Benefits will end was added.
4. A new Section 3 (Overpayment Information) with 3 check box scenarios was added, and the previous “overpayment language” in the other sections were deleted.
5. The former Section 3, that tells recipients that the change will NOT affect Public Assistance or Medical Assistance benefits, was renumbered to Section 4.

LDSS-3621: “Notice of Intent To Change Food Stamp Benefits (Adequate Only)” (NYC) (Rev.2/03)

LDSS-3621 NYC: “Notice of Intent To Change Food Stamp Benefits (Adequate Only)” (NYC) (Rev.2/03)

1. The Revision dates were changed on every page to (Rev.2/03).

2. A cover sheet was added **ONLY** to the New York City version of this form, LDSS-3621 NYC. The text in 10 different languages reads:

“Important Notice: If you need help reading this notice, contact your worker.”

3. A new box was added after Section 1 (Increase), Section 2 (Continue) and Section 3 (Reduce). Workers will use this box if a Food Stamp Benefits certification period is to be extended. Also, an area for workers to indicate when extended Food Stamp Benefits will end was added.
4. A new “Overpayment Information” Section 5, with 3 check box scenarios, was added directly below the “Discontinue” area, Section 4, and the previous “overpayment language” in the other sections were deleted.
5. The former Section 5, that tells recipients that the change will NOT affect Public Assistance or Medical Assistance benefits, was renumbered to Section 6.

LDSS-3969A: “Notice of Action on Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services- PART A” (Rev.3/03)

1. The revision dates were changed on every page to (Rev.3/03).
2. All program names were capitalized.

LDSS-3969B: “Notice of Action on Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services- PART B” (Rev.3/03)

1. The revision dates were changed on every page to (Rev.3/03).
2. All program names were capitalized.
3. In the “Food Stamp Benefits – Continue” area, the “Transitional Food Stamp Benefits” information in Section 2 was updated.
4. In the “Food Stamp Benefits - Overpayment Information” area, the second box in Section 5, that references the recoupment reduction percentage and amount, was deleted.

LDSS-4013A: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART A” (Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. The “Undue Hardship” language in the “Public Assistance – Accepted” section was revised to reflect that “Recoupment” rate percentages are the same for both Family Assistance and Safety Net Assistance cases.
3. The “Public Assistance -Denied” section was modified to allow space to list rejected individual(s) names when a case is accepted and someone in that case is denied Public Assistance.

LDSS-4013A NYC: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART A” (Rev.2/03) (NYC)

The New York City version of the LDSS-4013A NYC is being printed for the first time. All of the information contained on this form is identical to the “Rest of State” 2/03 version (LDSS-4013A) with the following exception:

- The Form Number on this NYC version is LDSS-4013A NYC.

LDSS-4013B: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART B” (Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. A new, “Food Stamp Benefits – Overpayment Information”, section with 4 check box scenarios was added directly below the “Food Stamp - Denied” area, and the previous “overpayment language” in the other sections were deleted.

LDSS-4013B NYC: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART B” (NYC) (Rev.2/03)

The New York City version of the LDSS-4013B NYC is being printed for the first time. All of the information contained on this form is identical to the “Rest of State” 2/03 version (LDSS-4013B) with the following exceptions:

1. The Form Number on this NYC version is LDSS-4013B NYC.
2. The Fair Hearing information on the reverse of the notice contains different addresses and telephone numbers to request a fair hearing than the “Rest of State” version.

LDSS-4014A: “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A” (Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. The “Undue Hardship” language in the “Public Assistance” section was revised to reflect that “Recoupment” rate percentages are the same for both Family Assistance and Safety Net Assistance cases.

LDSS-4014A NYC: “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefit, Medical Assistance Coverage and Services - PART A” (NYC) (Rev.2/03)

The New York City version of the LDSS-4014A NYC is being printed for the first time. All of the information contained on this form is identical to the “Rest of State” 2/03 version (LDSS-4014A) with the following exception:

- The Form Number on this NYC version is LDSS-4014A NYC.

LDSS-4014B: “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B” (Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. In Section 2 of the “Food Stamp Benefits – Approved” area, a slash “/” and the words “provided proof” were added after the 2 instances of the word “applied”. These 2 instances now read “applied/provided proof”.
3. Information was added as a new Section 5. This new Section 5 informs applicants that they are eligible for Food Stamp Benefits right away but will have to provide the appropriate proof to continue to receive these benefits. Because this section is now labeled “5”, the former Section 5 has been renumbered to “6”.
4. A new separate “Food Stamp Benefits - Overpayment Information” section was added directly below the “Food Stamp Benefits – Denied” section. This new area contains 3 different check box scenarios, and the previous “overpayment language” in the other sections were deleted.
5. The 60-day “Overpayment Hearing Rights” language for Public Assistance applicants/recipients was added to the “State Fair Hearing” information on the reverse of this notice.

LDSS-4014B NYC: “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B” (NYC) (Rev.2/03)

The New York City version of the LDSS-4014B NYC is being printed for the first time. All of the information contained on this form is identical to the “Rest of State” 2/03 version (LDSS-4014B) with the following exceptions:

1. The Form Number on this NYC version is LDSS-4014B NYC.
2. The Fair Hearing information on the reverse of the notice contains different addresses and telephone numbers to request a fair hearing than the “Rest of State” version.

LDSS-4015A: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Timely & Adequate)”(Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. The “Undue Hardship” language in the “Public Assistance – Continue ” section was revised to reflect that “Recoupment” rate percentages are the same for both Family Assistance and Safety Net Assistance cases.

LDSS-4015A NYC: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Timely & Adequate)” (NYC) (Rev.2/03)

The New York City version of the LDSS-4015A NYC is being printed for the first time. All of the information contained on this form is identical to the “Rest of State” 2/03 version (LDSS-4015A) with the following exception:

- The Form Number on this NYC version is LDSS-4015A NYC.

LDSS-4015B: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Timely & Adequate)” (Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. A new sub section check box, with text, was added in the “Food Stamp Benefits” area after Section 1 (Increase), Section 2 (Continue) and Section 3 (Reduce).

Workers will check this box if a Food Stamp Benefits certification period is to be extended and if extended, workers will also indicate the date when the extended Food Stamp Benefits will end.

3. A new Section 5, “Food Stamps - Overpayment Information”, was added and the former Section 5 was renumbered as Section 6, and the previous “overpayment language” in the other sections were deleted.
4. A new Section 7, “Food Stamps - Other Information” was added.
5. The 60-day “Overpayment Hearing Rights” language for Public Assistance applicants/recipients was added to the “State Fair Hearing” information on the reverse of this notice.

LDSS-4015B NYC: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Timely & Adequate)” (NYC) (Rev.2/03)

The New York City version of the LDSS-4015B NYC is being printed for the first time. All of the information contained on this form is identical to the “Rest of State” 2/03 version (LDSS-4015B) with the following exceptions:

1. The Form Number on this NYC version is LDSS-4015B NYC.
2. The Fair Hearing information on the reverse of the notice contains different addresses and telephone numbers to request a fair hearing than the “Rest of State” version.

LDSS-4016A: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Adequate Only)” (Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. The “Undue Hardship” language in the “Public Assistance” section was revised to reflect that “Recoupment” rate percentages are the same for both Family Assistance and Safety Net Assistance cases.

LDSS-4016A NYC: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Adequate Only)” (NYC) (Rev.2/03)

The New York City version of the LDSS-4016A NYC is being printed for the first time. All of the information contained on this form is identical to the “Rest of State” 2/03 version (LDSS-4015A) with the following exception:

- The Form Number on this NYC version is LDSS-4016A NYC.

LDSS-4016B: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Service - PART B (Adequate Only)” (Rev.2/03)

1. The revision dates were changed on every page to (Rev.2/03).
2. A new sub section check box, with text, was added in the “Food Stamp Benefits” area after Section 1 (Increase), Section 2 (Continue) and Section 3 (Reduce).
3. Workers will check this box if a Food Stamp Benefits certification period is to be extended and if extended, workers will also indicate the date when the extended Food Stamp Benefits will end.
4. A new Section 5, “Food Stamps - Overpayment Information”, was added and the former Section 5 was renumbered to Section 6, and the previous “overpayment language” in the other sections were deleted.
5. A new section 7, “Food Stamps - Other Information” was added.
6. The 60-day “Overpayment Hearing Rights” language for Public Assistance applicants/recipients was added to the “State Fair Hearing” information on the reverse of this notice.

LDSS-4016B NYC: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Adequate Only)” (NYC) (Rev.2/03)

The New York City version of the LDSS-4016B NYC is being printed for the first time. All of the information contained on this form is identical to the “Rest of State” 2/03 version (LDSS-4016B) with the following exceptions:

1. The Form Number on this NYC version is LDSS-4016B NYC.
2. The Fair Hearing information on the reverse of the notice contains different addresses and telephone numbers to request a fair hearing than the “Rest of State” version.

III. Background

NA

IV. Forms Implications

All of the above referenced printed Client Notices have been delivered to the Albany and NYC/HRA warehouses. Districts will **not** automatically receive copies but should order and begin to use all of the revised forms immediately.

Any requests for printed copies of the revised English and Spanish printed notices or English or Spanish masters, if that form is not printed, should be submitted on OTDA-876 (Rev.6/98): "Request 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, for local district staff, electronic PDF versions of all of the notices referenced in this INF can be accessed on the OTDA Intranet website at http://sdssnet5/otda/ldss_eforms/default.htm.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance