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Governor

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

**Robert Doar**  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	04-INF-15
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	May 27, 2004
<b>Subject:</b>	Availability of the revised 2/04 version of the 9 other than English languages LDSS-3151: "Food Stamp Change Report Form"
<b>Suggested Distribution:</b>	Food Stamp Benefits Directors Temporary Assistance Directors HEAP Coordinators Medicaid Directors Employment Coordinators CAP Coordinators TOP Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859, Extension 6-1095 Food Stamp Policy Questions: Eastern Team at 1-800-343-8859, extension 3-1469
<b>Attachments:</b>	LDSS-3151-AR: "Food Stamp Change Report Form" (Rev.2/04) (Arabic) LDSS-3151-CH: "Food Stamp Change Report Form" (Rev.2/04) (Chinese) LDSS-3151-FR: "Food Stamp Change Report Form" (Rev.2/04) (French) LDSS-3151-HA: "Food Stamp Change Report Form" (Rev.2/04) (Haitian-Creole) LDSS-3151-KO: "Food Stamp Change Report Form" (Rev.2/04) (Korean) LDSS-3151-RU: "Food Stamp Change Report Form" (Rev.2/04) (Russian) LDSS-3151-SP: "Food Stamp Change Report Form" (Rev.2/04) (Spanish) LDSS-3151-VI: "Food Stamp Change Report Form" (Rev.2/04) (Vietnamese) LDSS-3151-YI: "Food Stamp Change Report Form" (Rev.2/04) (Yiddish)
<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.
04 ADM-02 02 ADM-7 01 ADM-9 03 OMM/		387.17(e)	7CFR 273.12(a)	FSSB Section VI-B-1 all	

ADM-2 03 INF-10 02 INF-8 03 INF-2					
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**Section 2**

**I. Purpose**

The purpose of this release is to inform local districts that the 9 “Other than English” LDSS-3151: “Food Stamp Change Report” forms have been revised and will be printed in Arabic, Chinese, French, Haitian-Creole, Korean, Russian, Spanish, Vietnamese and Yiddish.

- LDSS-3151-AR: “Food Stamp Change Report Form” (Rev.2/04) (Arabic)
- LDSS-3151-CH: “Food Stamp Change Report Form” (Rev.2/04) (Chinese)
- LDSS-3151-FR: “Food Stamp Change Report Form” (Rev.2/04) (French)
- LDSS-3151-HA: “Food Stamp Change Report Form” (Rev.2/04) (Haitian-Creole)
- LDSS-3151-KO: “Food Stamp Change Report Form” (Rev.2/04) (Korean)
- LDSS-3151-RU: “Food Stamp Change Report Form” (Rev.2/04) (Russian)
- LDSS-3151-SP: “Food Stamp Change Report Form” (Rev.2/04) (Spanish)
- LDSS-3151-VI: “Food Stamp Change Report Form” (Rev.2/04) (Vietnamese)
- LDSS-3151-YI: “Food Stamp Change Report Form” (Rev.2/04) (Yiddish)

**II. Background**

04-ADM-02 titled “Changes in Food Stamp Program Change Reporting Rules” introduced and outlined the revisions for the 2/04 version of the LDSS-3151: “Food Stamp Change Report Form”.

This INF introduces the “Other than English” versions.

**II. Forms Implications**

We expect that the 2/04 versions of the LDSS-3151-AR, LDSS-3151-CH, LDSS-3151-FR, LDSS-3151-HA, LDSS-3151-KO, LDSS-3151-RU, LDSS-3151-SP, LDSS-3151-VI and LDSS-3151-YI will be printed and delivered to the Albany Warehouse sometime in the beginning of August 2004.

Only NYC districts will automatically receive supplies of these “other than English” forms. All other districts must order the Arabic, Chinese, French, Haitian-Creole, Korean, Russian, Spanish, Vietnamese and Yiddish versions using the procedure described below.

Upon receipt of the 2/04 versions of the LDSS-3151-AR, LDSS-3151-CH, LDSS-3151-FR, LDSS-3151-HA, LDSS-3151-KO, LDSS-3151-RU, LDSS-3151-SP, LDSS-3151-VI and LDSS-3151-YI, all previous versions must be destroyed.

Any requests for printed copies of the revised “other than English” printed versions should be submitted on 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.

In addition, for local district staff, electronic PDF versions of all of the forms referenced in this INF can be accessed on the OTDA Intranet website at [http://sdssnet5/otda/ldss\\_eforms/default.htm](http://sdssnet5/otda/ldss_eforms/default.htm).

**Issued By** \_\_\_\_\_

**Name: Patricia A. Stevens**

**Title: Deputy Commissioner**

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