



George E. Pataki
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

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| Transmittal: | 06-INF-29 |
| To: | Local District Commissioners |
| Issuing Division/Office: | Division of Employment and Transitional Supports |
| Date: | September 7, 2006 |
| Subject: | Revisions to 12 Mandatory 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: Food Stamp Bureau - (518) 473-1469 Temporary Assistance Bureau - (518) 474-9344 HEAP - (518) 473-0332 Metro Region - (212) 961-8207 Medicaid Local District Liason - Upstate (518) 474-8887 or NYC (212) 417-4500 WMS Questions: (518) 474-8749 |
| Attachments: | Attachment I – Filing References; LDSS-3152; LDSS-3152 NYC; LDSS-3156; LDSS-3156 NYC; LDSS-4013A; LDSS-4013B; LDSS-4013A NYC; LDSS-4013B NYC; LDSS-4014A; LDSS-4014B; LDSS-4014A NYC and LDSS-4014B NYC |
| 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 | See Attachment I |

Section 2

I. Purpose

The purpose of this release is to introduce 12 revised client notices.

The Client Notices were revised to:

- add court-stipulated language concerning the “Acevedo” court case to some of the NYC notices
- add to information to the State printed “Action Taken Client Notices” about the New York State Department of Agriculture and Market’s “Animal Population Control Program (APCP)”
- make clear that all types of Food Stamp Benefits Overpayment claims are subject to “Compromise”.

The following are the 12 notices that are affected.

1. **LDSS-3152:** “Action Taken on Your Food Stamp Benefits Case” (Rev. 7/06) (Upstate)
2. **LDSS-3152 NYC:** “Action Taken on Your Food Stamp Benefits Case” (Rev. 7/06) (NYC)
3. **LDSS-3156:** “Notice of Food Stamp Benefits Overpayment (Demand Letter) (Timely and Adequate)” (Rev. 7/06) (Upstate)
4. **LDSS-3156 NYC:** “Notice of Food Stamp Benefits Overpayment (Demand Letter) (Timely and Adequate)” (Rev. 7/06) (NYC)
5. **LDSS-4013A:** “Action Taken on Your Application: PA, FS and MA Coverage PART-A” (Rev. 7/06) (Upstate)
6. **LDSS-4013A NYC:** “Action Taken on Your Application: PA, FS and MA Coverage PART-A” (Rev. 7/06) (NYC)
7. **LDSS-4013B:** “Action Taken on Your Application: PA, FS and MA Coverage PART-B” (Rev. 7/06) (Upstate)
8. **LDSS-4013B NYC:** “Action Taken on Your Application: PA, FS and MA Coverage PART-B” (Rev. 7/06) (NYC)
9. **LDSS-4014A:** “Action Taken on Your Recertification: PA, FS, MA Coverage and Services PART-A” (Rev. 7/06) (Upstate)
10. **LDSS-4014A NYC:** “Action Taken on Your Recertification: PA, FS, MA Coverage and Services PART-A” (Rev. 7/06) (NYC)
11. **LDSS-4014B:** “Action Taken on Your Recertification: PA, FS, MA Coverage and Services PART-B” (Rev. 7/06) (Upstate)
12. **LDSS-4014B NYC:** “Action Taken on Your Recertification: PA, FS, MA Coverage and Services PART-B” (Rev. 7/06) (NYC)

II. Program Implications:

The following is a general listing of the revisions to the Client Notices:

LDSS-3152: “Action Taken on Your Food Stamp Benefits Case” (Upstate)

FRONT:

1. The Revision Date was **changed** to 7/06.
2. The following Animal Population Control Program information was **added** as a new number “7” section under the “APPROVED” section.
3. 7. **Animal Population Control Program (APCP)** – If you are approved for Food Stamp Benefits, the New York State Department of Agriculture and Markets has a program that can help pay to have your dog or cat spayed/neutered. Through the animal population control program, eligible people can have their cat or dog spayed/neutered for \$20.00. This notice

entitles you to participate in the program. To receive an application voucher for this program, call 1-866-402-0666.

4. The numbering for the “Other Information” section was **changed** from “7” to “8” under the “APPROVED” section.

REVERSE:

The Revision Date was **changed** to 7/06.

LDSS-3152 NYC: “Action Taken on Your Food Stamp Benefits Case” (NYC)

COVER:

The Revision date was **changed** to 7/06.

FRONT:

1. The Revision Date was **changed** to 7/06.
2. The following Animal Population Control Program information was **added** as a new number ”7” section under the “APPROVED” section.
 7. **Animal Population Control Program (APCP)** – If you are approved for Food Stamp Benefits, the New York State Department of Agriculture and Markets has a program that can help pay to have your dog or cat spayed/neutered. Through the animal population control program, eligible people can have their cat or dog spayed/neutered for \$20.00. This notice entitles you to participate in the program. To receive an application voucher for this program, call 1-866-402-0666.
3. The numbering for the “Other Information” section was **changed** from “7” to “8” under the “APPROVED” section.

REVERSE:

The Revision Date was **changed** to 7/06.

LDSS-3156: “Notice of Food Stamp Benefits Overpayment (Demand Letter) (Timely and Adequate)” (Upstate)

FRONT:

1. The Revision Date was **changed** to 7/06.
2. In the “REPAYMENT INFORMATION” section, the paragraph below the bulleted section was **revised** to remove references to “Inadvertent Household Error (IHE) and/or an Agency Error (AE)” as all types of claims are subject to “Compromise”.

The paragraph was **changed** to read:

If you have a Food Stamp Benefit overpayment that has not been paid back, and your case is now closed or being closed, you may be able to get a compromise (reduction) of what you owe. If you cannot repay the full balance of what you owe, talk to your local

department of social services.

REVERSE:

The Revision Date was **changed** to 7/06.

LDSS-3156 NYC: “Notice of Food Stamp Benefits Overpayment (Demand Letter) (Timely and Adequate)” (NYC)

COVER:

The Revision Date was **changed** to 7/06.

FRONT:

1. The Revision Date was **changed** to 7/06.
2. In the “REPAYMENT INFORMATION” section, the paragraph below the bulleted section was **revised** to remove references to “Inadvertent Household Error (IHE) and/or an Agency Error (AE)” as all types of claims are subject to “Compromise”.

The paragraph was changed to read:

If you have a Food Stamp Benefit overpayment that has not been paid back, and your case is now closed or being closed, you may be able to get a compromise (reduction) of what you owe. If you cannot repay the full balance of what you owe, talk to your local department of social services.

REVERSE:

The Revision Date was **changed** to 7/06.

LDSS-4013A: “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – PART A” (Upstate)

FRONT:

1. The Revision Date was **changed** to 7/06.
2. Additional lines in the “Public Assistance” section under “Accepted” were **added** to accommodate more information.

REVERSE:

1. The Revision Date was **changed** to 7/06.
2. A new 5th pre-checked box with the following information was **added**:

Animal Population Control Program (APCP) – If you have been approved to receive Public Assistance, Medical Assistance Coverage and/or Food Stamp Benefits, the New York State Department of Agriculture and Markets has a program that can help pay to have your dog or cat spayed/neutered. Through the animal population control program, eligible

people can have their cat or dog spayed/neutered for \$20.00. This notice entitles you to participate in the program. To receive an application voucher for this program, call 1-866-402-0666.

LDSS-4013A NYC: “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – PART A” (NYC)

FRONT:

The Revision Date was **changed** to 7/06.

REVERSE:

1. The Revision Date was **changed** to 7/06.
2. A new 5th pre-checked box with the following information was **added:**

Animal Population Control Program (APCP) – If you have been approved to receive Public Assistance, Medical Assistance Coverage and/or Food Stamp Benefits, the New York State Department of Agriculture and Markets has a program that can help pay to have your dog or cat spayed/neutered. Through the animal population control program, eligible people can have their cat or dog spayed/neutered for \$20.00. This notice entitles you to participate in the program. To receive an application voucher for this program, call 1-866-402-0666.

LDSS-4013B: “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – PART B” (Upstate)

FRONT:

The Revision Date was **changed** to 7/06.

REVERSE:

The Revision Date was **changed** to 7/06.

LDSS-4013B NYC: “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – PART B” (NYC)

FRONT:

The Revision Date was **changed** to 7/06.

REVERSE:

The Revision Date was **changed** to 7/06.

LDSS-4014A: “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART A” (Upstate)

FRONT:

The Revision Date was **changed** to 7/06.

REVERSE:

1. The Revision Date was **changed** to 7/06.
2. A new 5th pre-checked box with the following information was **added**:

Animal Population Control Program (APCP) – If you have been approved to receive Public Assistance, Medical Assistance Coverage and/or Food Stamp Benefits, the New York State Department of Agriculture and Markets has a program that can help pay to have your dog or cat spayed/neutered. Through the animal population control program, eligible people can have their cat or dog spayed/neutered for \$20.00. This notice entitles you to participate in the program. To receive an application voucher for this program, call 1-866-402-0666.

LDSS-4014A NYC: “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART A” (NYC)

FRONT:

The Revision Date was **changed** to 7/06.

REVERSE:

1. The Revision Date was **changed** to 7/06.
2. The following “sanction for non-cooperation” language was added:

To Lift a Sanction for Non-cooperation with a Child Support Requirement

A sanction for non-cooperation with a child support requirement is open-ended and will continue until _____ contacts the Child Support Enforcement Unit and cooperates. When _____ contacts the Child Support Enforcement Unit, he or she will be told what action(s) must be taken to end the sanction. The sanction will end when he or she takes the required action(s). If _____ did not cooperate but now wants to report a good reason for not cooperating with child support he or she should call (____)_____.

Some examples of a good reason for not cooperating with child support are:

- Fear of emotional or physical harm to you or the children in your family; or,
- The child was born due to rape or incest; or,
- The child is freed for adoption; or, you are now being assisted by an agency to determine whether to put the child up for adoption and discussions have not gone on for more than three months.

To find out more information about how to end the sanction, call (____)_____.

3. A new 5th pre-checked box with the following information was **added**:

Animal Population Control Program (APCP) – If you have been approved to receive Public Assistance, Medical Assistance Coverage and/or Food Stamp Benefits, the New York State Department of Agriculture and Markets has a program that can help pay to have your dog or cat spayed/neutered. Through the animal population control program, eligible people can have

their cat or dog spayed/neutered for \$20.00. This notice entitles you to participate in the program. To receive an application voucher for this program, call 1-866-402-0666.

LDSS-4014B: “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART B” (Upstate)

FRONT:

The Revision Date was **changed** to 7/06.

REVERSE:

The Revision Date was **changed** to 7/06.

LDSS-4014B NYC: “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – PART B” (NYC)

FRONT:

The Revision Date was **changed** to 7/06.

REVERSE:

The Revision Date was **changed** to 7/06.

III. Forms Ordering Information

- We expect that the revised 7/06 versions of the LDSS-3152, LDSS-3152 NYC, LDSS-3156, LDSS-3156 NYC, LDSS-4013A and LDSS-4013A NYC, LDSS-4013B, LDSS-4013B NYC, LDSS-4014A, LDSS-4014A NYC, LDSS-4014B and LDSS-4014B, NYC will be printed and delivered to the Albany and NYC/HRA warehouses by the end of December, 2006. Upon receipt of the revised forms, your district will be shipped an initial supply.

The Spanish versions of these notices (LDSS-3152-SP, LDSS-3152-SP NYC, LDSS-3156-SP, LDSS-3156-SP NYC, LDSS-4013A-SP, LDSS-4013A-SP NYC, LDSS-4013B-SP, LDSS-4013B-SP NYC, LDSS-4014A-SP, LDSS-4014A-SP NYC, LDSS-4014B-SP and LDSS-4014B-SP NYC) will follow. Upon receipt of any of the revised notices, all previous versions of the forms **must immediately be destroyed**.

- Any future written requests for printed or camera ready only copies of the English and Spanish versions of the Client Notices, should be submitted on OTDA-876 “Request For Forms or Publications”, and should be sent to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

- Camera Ready Copies of the documents may also be ordered through Outlook. To order a Camera Ready Copy you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm .

Issued By _____
Name: **Russell Sykes**
Title: **Deputy Commissioner**
Division/Office: **Division of Employment and Transitional Supports**

ATTACHMENT I

| Previous ADMs/INFs | Releases Cancelled | Dept, Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|--|--------------------|--|-----------------------------------|--|---|
| 89 ADM-21 89 ADM-8 89 ADM-6 88 ADM-4 87 ADM-48 87 ADM-4 86 ADM-10 86 ADM-7 85 ADM-45 85 ADM-17 82 ADM-55 82 ADM-5 81 ADM-55 80 ADM-90 05 INF-15 04 INF-26 03 INF-41 03 INF-15 01 INF-17 99 INF-05 92 INF-46 92 INF-42 92 INF-34 91 INF-57 89 INF-28 88 INF-83 | | 350.5,351.22 351.23 355,358-3.3 360-2.4,2.5, 2.6,6.4,7.5 369.6 387.14 387.20 505.14 (b) (5) (v),(viii),(x) 385.3 385.14 | SSL 22 SSL 366-a | MARG pp. 374-382 TASB Section 8 A-J FSSB Sections 4.3.b; 5; 5.2; 5.3.h; 5.3.i; 5.6; 6.2; 6.5; 7.1; 7.1.e; 7.2; 7.2.b; 7.3; 7.4; 7.6; 7.7; 15.3; 15.1.c; 15.1.D; 15.1.e; 15.3; 15.4; 15.5; 15.1.c | GIS 89 MA007 DCL 7/13/83 89 LCM-155 89 LCM-22 |