APPLICATION/RECERTIFICATION
GUIDE/SERVICE DOG FOOD PROGRAM

Directions:
1. PLEASE PRINT CLEARLY AND DO NOT WRITE IN THE SHADED AREAS.
2. BE SURE TO SIGN THE FORM.
3. RETURN THE FORM TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.
   The Local Department is listed in the White Pages of your telephone directory, alphabetically, under the name of your County. New York City residents should send application to: Office of Program Support, Attention: Guide Dog Food Program Coordinator, 180 Water Street, 19th Floor, New York, NY 10038. If you need assistance, contact your local Department of Social Services or the NYS Office of Temporary & Disability Assistance - Hotline toll-free at 1-800-342-3009.

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If you are a blind, deaf or disabled Supplemental Security Income (SSI) recipient, or have been determined to be eligible for SSI, and/or have been determined to be eligible for or are in receipt of an additional state payment, you may be entitled to a $35 monthly food grant for your guide/service dog. Grant eligibility will be based on your answers to the following:

1. Are you a resident of New York State?
2. Are you blind?
3. Are you deaf?
4. Are you disabled?
5. Have you been determined eligible for Supplemental Security Income (SSI)?
6. Are you a recipient of Supplemental Security Income (SSI)?
7. Have you been determined eligible for an additional state payment?
8. Are you a recipient of an additional state payment?
9. Are you currently receiving an exemption of earned income, wages or salary from a job or self-employment for the purpose of purchasing guide/service dog food?
10. Do you maintain a guide/service dog?

AFFIRMATION: I swear (affirm) that the information I have given is correct and I consent to an investigation made by the Department of Social Services with regard to this application. Furthermore, I agree to notify the Department of Social Services of any of the following status changes: Loss of Dog; Termination of SSI Benefits; Change of Address; or Returning to Employment.

OPENING  DENIAL  RECERTIFICATION  REOPENING  WITHDRAWAL  NOTE: For Recertification, Use Transaction Type 05 - Change

ELIGIBILITY DETERMINED BY (WORKER)  DATE

ELIGIBILITY APPROVED BY (SUPR.)  DATE

SIGNATURE OF PERSON WHO OBTAINED ELIGIBILITY INFORMATION  DATE

EMPLOYED BY:

PROVIDER AGENCY  SPECIFY ________________________________

SOCIAL SERVICE DISTRICT