



Office of Temporary and Disability Assistance

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Informational Letter

Section 1

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| Transmittal: | 16-INF-15 |
| To: | Social Services District Commissioners |
| Issuing Division/Office: | Center for Employment & Economic Supports |
| Date: | October 7, 2016 |
| Subject: | Revisions to Manual Client Notices |
| Suggested Distribution: | Temporary Assistance Staff SNAP Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators |
| Contact Person(s): | Kelly Whitney @ (518) 473-7991 |
| Attachments: | Attachment 1: LDSS-2114 Attachment 2: LDSS-2425A Attachment 3: LDSS-3152 Attachment 4: LDSS-3152 NYC Attachment 5: LDSS-3156 Attachment 6: LDSS-3156 NYC Attachment 7: LDSS-3494A Attachment 8: LDSS-3494B Attachment 9: LDSS-3620 Attachment 10: LDSS-3620 NYC Attachment 11: LDSS-3621 Attachment 12: LDSS-3621 NYC Attachment 13: LDSS-3814 Attachment 14: LDSS-3969A Attachment 15: LDSS-3969B Attachment 16: LDSS-4002 Attachment 17: LDSS-4004A Attachment 18: LDSS-4004B Attachment 19: LDSS-4005 Attachment 20: LDSS-4005 NYC Attachment 21: LDSS-4005a Attachment 22: LDSS-4005a NYC Attachment 23: LDSS-4013A Attachment 24: LDSS-4013A NYC |

[Attachment 25: LDSS-4013B](#)
[Attachment 26: LDSS-4013B NYC](#)
[Attachment 27: LDSS-4014A](#)
[Attachment 28: LDSS-4014A NYC](#)
[Attachment 29: LDSS-4014B](#)
[Attachment 30: LDSS-4014B NYC](#)
[Attachment 31: LDSS-4015A](#)
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[Attachment 39: LDSS-4594](#)
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[Attachment 41: LDSS-4682](#)
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[Attachment 43: LDSS-4799](#)
[Attachment 44: LDSS-4799 NYC](#)
[Attachment 45: LDSS-4827](#)
[Attachment 46: LDSS-4827 NYC](#)
[Attachment 47: LDSS-4989](#)

Attachment Available Online:

Filing References

| 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 89 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 11 INF-08 03 INF-41 03 INF-15 99 INF-05 92 INF-42 | | 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 SSL366-a | MARG pp. 378-387 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 MA-007 DCL 7/13/83 89 LCM-155 89 LCM-22 |

Section 2

I. Purpose

The purpose of this release is to introduce 47 revised mandatory client notices.

II. Background

Revisions to the manual notices include the addition of the following Fair Hearing language:

“The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.”

The following is a complete list of notices affected by this change:

- LDSS-2114: “Continuing Your Public Assistance and/or SNAP Benefits” (5/16)
- LDSS-2425A: “Repayment of Interim Assistance Notice” (5/16)
- LDSS-3152: “Action Taken on Your SNAP Case” (5/16)
- LDSS-3152 NYC: “Action Taken on Your SNAP Case” (5/16)
- LDSS-3156: “Notice of SNAP Benefits Overpayment (Demand Letter) (Timely and Adequate)” (5/16)
- LDSS-3156 NYC: “Notice of SNAP Benefits Overpayment (Demand Letter) (Timely and Adequate)” (5/16)
- LDSS-3494A: “HEAP Notice of Eligibility Decision Approval” (5/16)
- LDSS-3494B: “HEAP Notice of Eligibility Decision Denial” (5/16)
- LDSS-3620: “Notice of Intent to Change SNAP Benefits (Timely and Adequate) (5/16)
- LDSS-3620 NYC: “Notice of Intent to Change SNAP Benefits (Timely and Adequate) (5/16)
- LDSS-3621: “Notice of Intent to Change SNAP Benefits (Adequate Only) (5/16)
- LDSS-3621 NYC: “Notice of Intent to Change SNAP Benefits (Adequate Only) (5/16)
- LDSS-3814: “Temporary Assistance Additional Allowances and Other Help” (5/16)
- LDSS-3969A: “Notice of Action on Your Application/Benefit for the Child Assistance Program, Status of Medical Assistance, Supplemental Nutrition Assistance Program (SNAP) and Services – Part A” (5/16)
- LDSS-3969B: “Notice of Action on Your Application/Benefit for the Child Assistance Program, Status of Medical Assistance, Supplemental Nutrition Assistance Program (SNAP) and Services – Part B” (5/16)

- LDSS-4002: “Action Taken on Your Request for Assistance to Meet an Immediate Need or a Special Allowance” (5/16)
- LDSS-4004A: “Notice of Intent to Change Benefits Public Assistance Grant and/or SNAP Benefits for Non-Compliance with Work Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits – Part A” (5/16)
- LDSS-4004B: “Notice of Intent to Change Benefits Public Assistance Grant and/or SNAP Benefits for Non-Compliance with Work Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits – Part B” (5/16)
- LDSS-4005: “Notification of Temporary Assistance Requirements Determination (Exempt) (5/16)
- LDSS-4005 NYC: “Notification of Temporary Assistance Requirements Determination (Exempt) (5/16)
- LDSS-4005a: “Notification of Temporary Assistance Work Requirements Determination (Non-Exempt) (5/16)
- LDSS-4005a NYC: “Notification of Temporary Assistance Work Requirements Determination (Non-Exempt) (5/16)
- LDSS-4013A: “Action Taken on Your Application: Public Assistance, SNAP and Medical Assistance Coverage – Part A” (5/16)
- LDSS-4013A NYC: “Action Taken on Your Application: Public Assistance, SNAP and Medical Assistance Coverage – Part A” (5/16)
- LDSS-4013B: “Action Taken on Your Application: Public Assistance, SNAP and Medical Assistance Coverage – Part B” (5/16)
- LDSS-4013B NYC: “Action Taken on Your Application: Public Assistance, SNAP and Medical Assistance Coverage – Part B” (5/16)
- LDSS-4014A: “Action Taken on Your Recertification: Public Assistance, SNAP and Medical Assistance Coverage – Part A” (5/16)
- LDSS-4014A NYC: “Action Taken on Your Recertification: Public Assistance, SNAP and Medical Assistance Coverage – Part A” (5/16)
- LDSS-4014B: “Action Taken on Your Recertification: Public Assistance, SNAP and Medical Assistance Coverage – Part B” (5/16)
- LDSS-4014B NYC: “Action Taken on Your Recertification: Public Assistance, SNAP and Medical Assistance Coverage – Part B” (5/16)
- LDSS-4015A: “Notice of Intent to Change Benefits: Public Assistance, SNAP, Medical Assistance Coverage and Services (Timely and Adequate) – Part A” (5/16)
- LDSS-4015A NYC: “Notice of Intent to Change Benefits: Public Assistance, SNAP, Medical Assistance Coverage and Services (Timely and Adequate) – Part A” (5/16)
- LDSS-4015B: “Notice of Intent to Change Benefits: Public Assistance, SNAP, Medical Assistance Coverage and Services (Timely and Adequate) – Part B” (5/16)
- LDSS-4015B NYC: “Notice of Intent to Change Benefits: Public Assistance, SNAP, Medical Assistance Coverage and Services (Timely and Adequate) – Part B” (5/16)
- LDSS-4016A: “Notice of Intent to Change Benefits: Public Assistance, SNAP, Medical Assistance Coverage and Services (Adequate Only) – Part A” (5/16)

- LDSS-4016A NYC: “Notice of Intent to Change Benefits: Public Assistance, SNAP, Medical Assistance Coverage and Services (Adequate Only) – Part A” (5/16)
- LDSS-4016B: “Notice of Intent to Change Benefits: Public Assistance, SNAP, Medical Assistance Coverage and Services (Adequate Only) – Part B” (5/16)
- LDSS-4016B NYC: “Notice of Intent to Change Benefits: Public Assistance, SNAP, Medical Assistance Coverage and Services (Adequate Only) – Part B” (5/16)
- LDSS-4594: “Notification of Decision on a Waiver to Allow a Temporary Delay in a Temporary Assistance Requirement(s) (Adequate Only)” (5/16)
- LDSS-4595: “Notification of Decision on a Waiver to Allow a Temporary Delay in a Temporary Assistance Requirement(s) (Adequate Only)” (5/16)
- LDSS-4682: “Notification of Overpayment of Public Assistance to a Former Recipient and Demand for Repayment” (5/16)
- LDSS-4682 NYC: “Notification of Overpayment of Public Assistance to a Former Recipient and Demand for Repayment” (5/16)
- LDSS-4799: “Intentional Program Violation (IPV) Disqualification Notice for the SNAP Benefits Program” (5/16)
- LDSS-4799 NYC: “Intentional Program Violation (IPV) Disqualification Notice for the SNAP Benefits Program” (5/16)
- LDSS-4827: “Intentional Program Violation Disqualification Notice for the Public Assistance Program” (5/16)
- LDSS-4827 NYC: “Intentional Program Violation Disqualification Notice for the Public Assistance Program” (5/16)
- LDSS-4989: “Action Taken on Your D-SNAP Case” (5/16)

III. Program Implications

There are no identified program implications due to this change.

IV. Forms Information

- The revised English versions of the forms below are forms **Printed** by the New York State Office of Temporary and Disability Assistance:

LDSS-2114; LDSS-3152; LDSS-3152 NYC; LDSS-3156; LDSS-3156 NYC; LDSS-3494A; LDSS-3494B; LDSS-3620; LDSS-3621; LDSS-4002; LDSS-4004A; LDSS-4004B; LDSS-4005; LDSS-4005a; LDSS-4013A; LDSS-4013B; LDSS-4014A; LDSS-4014B; LDSS-4015A; LDSS-4015B; LDSS-4016A; and LDSS-4016B.

- The revised English version of the LDSS-4314: “*FS Benefits Household Composition Desk Guide*” is a **Camera Ready Only** form.

LDSS-2425A; LDSS-3620 NYC; LDSS-3621 NYC; LDSS-3814; LDSS-3969A; LDSS-3969B; LDSS-4005 NYC; LDSS-4005a NYC; LDSS-4013A NYC; LDSS-4013B NYC; LDSS-4014A NYC; LDSS-4014B NYC; LDSS-4015A NYC; LDSS-4015B NYC; LDSS-4016A NYC; LDSS-4016B NYC; LDSS-4594; LDSS-4595; LDSS-4682; LDSS-4682 NYC; LDSS-4799; LDSS-4799 NYC; LDSS-4827; LDSS-4827 NYC; and LDSS-4989.

- The above referenced documents have been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and may be available for downloading by local districts for reproduction locally, depending on print specifications.
- Upon the release of this INF all previous versions of any of the forms listed above **must immediately be destroyed** and replaced with the revised 5/16 versions.
- Any future requests for Printed copies of the English version, should be submitted to the New York State Office of Temporary and Disability Assistance (OTDA) using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201

E-mail: forms.orders@otda.ny.gov
Social Services Districts (SSD) online forms ordering system: <http://formorders/>
Fax: (518) 402-0084

- Questions concerning ordering forms should be directed to BMS Document Services at 518-474-9522.
- Any previously approved Local Equivalent to any of the forms above should be resubmitted, reflecting the current updates, to the mailing address above for review and approval.

Issued By

Name: Phyllis Morris

Title: Deputy Commissioner

Division/Office: Center for Employment and Economic Supports