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### Local Commissioners Memorandum

#### Section 1

<b>Transmittal:</b>	16-LCM-09
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Strategic Operations, OTDA Executive Office
<b>Date:</b>	June 27, 2016
<b>Subject:</b>	Revisions to the LDSS-2921, PUB-1301, LDSS-3174, PUB-1313, LDSS-4148A-C, LDSS-4826, LDSS-4826A, LDSS-4942, and LDSS-2291
<b>Contact Person(s):</b>	OTDA Strategic Operations: (518) 408-5962
<b>Attachments:</b>	<a href="#">Attachment 1 - LDSS-2921: "New York State Application for Certain Benefits and Services"</a> <a href="#">Attachment 2 - PUB-1301: "Instructions for Completing the New York State Application for Certain Benefits and Services"</a> <a href="#">Attachment 3 - LDSS-3174: "New York State Recertification Form for Certain Benefits and Services"</a> <a href="#">Attachment 4 - PUB-1313: "Instructions for Completing the New York State Recertification Form for Certain Benefits and Services"</a> <a href="#">Attachment 5 - LDSS-4148A: "Book 1: What You Should Know About Your Rights and Responsibilities"</a> <a href="#">Attachment 6 - LDSS-4148B: "Book 2: What You Should Know About Social Services Programs"</a> <a href="#">Attachment 7 - LDSS-4148C: "Book 3: What You Should Know If You Have an Emergency"</a> <a href="#">Attachment 8 - LDSS-4826: "Supplemental Nutrition Assistance Program (SNAP) Application/Recertification"</a> <a href="#">Attachment 9 - LDSS-4826A: "How to Complete the Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP"</a> <a href="#">Attachment 10 - LDSS-4942: "SNAP Authorized Representative Request Form"</a> <a href="#">Attachment 11 - LDSS-2291: "Request for Replacement of Food Purchased with Supplemental Nutrition Assistance Program (SNAP) Benefits"</a>
<b>Attachment Available Online:</b>	<input checked="" type="checkbox"/>

## Section 2

### I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to inform social services districts (SSDs) of recent revisions to the following documents:

- LDSS-2921: “New York State Application for Certain Benefits and Services” (formerly, “New York State Application for:”)
- PUB-1301: “Instructions for Completing the New York State Application for Certain Benefits and Services” (formerly, New York State How to Complete the...Application”)
- LDSS-3174: “New York State Recertification Form for Certain Benefits and Services” (formerly, “New York State Recertification Form for:”)
- PUB-1313: “Instructions for Completing the New York State Recertification Form for Certain Benefits and Services” (formerly, New York State How to Complete the...Recertification Form”)
- LDSS-4148A: "Book 1: What You Should Know About Your Rights and Responsibilities"
- LDSS-4148B: "Book 2: What You Should Know About Social Services Programs"
- LDSS-4148C: "Book 3: What You Should Know if You Have an Emergency"
- LDSS-4826: “Supplemental Nutrition Assistance Program (SNAP) Application/Recertification”
- LDSS-4826A: “How to Complete the Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP”
- LDSS-4942: “SNAP Authorized Representative Request Form”
- LDSS-2291: “Request for Replacement of Food Purchased with Supplemental Nutrition Assistance Program (SNAP) Benefits”

This LCM is intended to convey significant changes made to the documents listed above, and to provide information to SSDs regarding the distribution and use of these revised documents.

### II. Background

As a result of a court-ordered Stipulation of Settlement in Rafferty v. OTDA, DOH, HRA, et al. (Rafferty), the New York State Office of Temporary and Disability Assistance (OTDA), the NYS Department of Health (DOH), and the New York City Human Resources Administration (HRA) will provide certain written materials in alternative formats, upon request, to blind or seriously visually impaired applicants and recipients. Alternative formats include large print, audio format (an audio transcription of the document), data format (a screen reader-accessible electronic file), and Braille, if an applicant or recipient asserts that none of the previously mentioned alternative formats will be equally effective for them. Language informing applicants and recipients of the availability of alternative formats and the procedure for requesting the same has been added to the applications, instructions, and publications listed above. A directive containing additional information concerning the Rafferty Stipulation of Settlement,

alternative formats, and how to process an applicant or recipient's request for the same is forthcoming.

In addition to the revisions discussed above, other modifications were made in response to changes in federal requirements, such as those associated with federal health care reform, as well as in response to recommendations made by SSDs. A group of 13 SSDs representing small, medium, and large districts, was consulted regarding revisions to these documents, and their feedback was incorporated into the final versions of the documents.

### III. Program Implications

Major revisions to the documents are as follows:

#### **LDSS-2921: "New York State Application for Certain Benefits and Services" and LDSS-3174: "New York State Recertification Form for Certain Benefits and Services"**

- Language informing applicants and recipients of the availability of alternative formats has been added to the first page of both the LDSS-2921 and LDSS-3174. Questions have also been added to the first page of both forms that allow applicants and recipients to indicate whether they would like to receive written notices in an alternative format.
- Both forms now have perforated edges, to allow for easier separation and scanning of pages.
- The new version of the LDSS-2921 will no longer be printed with green ink. The form will be printed in grayscale.
- References to "Medical Assistance" have been replaced with "Medicaid." References to Family Health Plus, Child Health Plus, and the Medicare Savings Plan have been removed.
- Language has been added to direct applicants for Medicaid only to use a separate form, DOH-4220: "Health Insurance Application for Children, Adults, and Families," to apply.
- References to "Lifeline" have been removed.
- References to "Temporary Assistance" or "TA" have been replaced with the statutorily defined term of "Public Assistance" or "PA."
- The content of the section formerly titled "Non-Custodial Parent/Child Support/Medical Support Information" has been modified. This section is now called "Information Regarding Referral to the Child Support Enforcement Unit" and can be found on page 6 of both forms.
- A "Tax Filing/Dependent Status" section has been added to these forms for Medicaid purposes. This section appears on page 7 of both forms.
- The "Income Information" section has been expanded for Medicaid purposes to include questions regarding federal tax deductions. These questions can be found on page 9 of both forms.
- The "Education/Training" section of these forms has been expanded to allow the applicant or recipient to provide more information regarding the highest level of education obtained.

- The “Notices” and the “Assignments, Authorizations, and Consents” sections have been updated, reorganized, reformatted and consolidated into one section on pages 19 through 25, titled “Notices, Assignments, Authorizations, and Consents.”
- The sections for consenting to withdraw the application and consenting to case closure have been moved to the end of each form.

**PUB-1301: “Instructions for Completing the New York State Application for Certain Benefits and Services” and PUB-1313: “Instructions for Completing the New York State Recertification Form for Certain Benefits and Services”**

- The PUB-1301 and PUB-1313 now contain language regarding the availability of alternative formats to blind and seriously visually impaired applicants and recipients. These publications now also contain instructions on how to request written notices in an alternative format, as well as how to request another accommodation.
- The instructions contained in these publications were modified to be more comprehensive, and to be consistent with any corresponding changes made to the LDSS-2921 and LDSS-3174.
- The new version of the PUB-1301 will no longer be printed with green ink. The publication will be printed in grayscale.
- The formats of these publications have been modified to facilitate easier reading.

**LDSS-4148A: “Book 1: What You Should Know About Your Rights and Responsibilities,” LDSS-4148B: “Book 2: What You Should Know About Social Services Programs,” and LDSS-4148C: “Book 3: What You Should Know if You Have an Emergency”**

- Language regarding the availability of alternative formats to blind and seriously visually impaired applicants or recipients was added to the LDSS-4148A, LDSS-4148B, and LDSS-4148C.

**LDSS-4826: “Supplemental Nutrition Assistance Program (SNAP) Application/Recertification**

- The LDSS-4826 now contains language regarding the availability of alternative formats to blind and seriously visually impaired applicants and recipients. This form now also contains questions that allow applicants and recipients to request written notices in an alternative format, as well as instructions on how to request another accommodation.
- Corrections were made to cross-references of page numbers.
- Updates were made to the “SNAP Penalty Warning,” “Consent,” and “Changes” sections, and to the language pertaining to the release of applicant and recipient information.

## **LDSS-4826A: “How to Complete the Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP”**

- The LDSS-4826A now contains language regarding the availability of alternative formats to blind and seriously visually impaired applicants and recipients. This document now also contains instructions on how to request an alternative format or another accommodation.
- Corrections were made to cross-references of page numbers.
- Updates were made to the “SNAP Penalty Warning” and “Consent” sections, and to the language pertaining to able-bodied adults without dependents and release of applicant and recipient information.

## **LDSS-4942: “SNAP Authorized Representative Request Form”**

- The LDSS-4942 now contains language regarding the availability of alternative formats to blind and seriously visually impaired applicants and recipients. This form now also contains questions that allow applicants and recipients to request written notices in an alternative format, as well as instructions on how to request another accommodation.
- Updates were made to the “SNAP Penalty Warning” section.

## **LDSS-2291: “Request for Replacement of Food Purchased with Supplemental Nutrition Assistance Program (SNAP) Benefits**

- The LDSS-2291 now contains language regarding the availability of alternative formats to blind and seriously visually impaired recipients. This form now also contains questions that allow recipients to request written notices in an alternative format, as well as instructions on how to request another accommodation.

Please note that the alternative format documents have modified publication numbers. For example, the publication number of the Braille version of the LDSS-2921 is “LDSS-2921 BR.”

Effective July 1, 2016, all previous versions of the documents listed above must be recycled and replaced with the most current versions. SSDs may only distribute the July 2016 versions of these documents after July 1, but must accept and process any applications or recertification forms submitted by applicants or recipients using the previous versions of these forms.

Prior to July 1, 2016, SSDs will receive “drop” shipments of the most recent versions of the documents listed above in non-alternative format only. These documents have a revision date of July 2016. Both non-alternative and alternative format versions of the documents will be available for download and/or ordering at [http://otda.state.ny.net/ldss\\_eforms/](http://otda.state.ny.net/ldss_eforms/). These documents can be ordered from OTDA by submitting a completed OTDA 876EL (DOC) or OTDA 876 EL (PDF) form, available at the link above, via mail, e-mail, or fax to:

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

Email: [forms.orders@otda.ny.gov](mailto:forms.orders@otda.ny.gov)

Fax: (518) 402-0084

These documents can also be ordered through the OTDA Bureau of Management Services' (BMS') Electronic Forms and Publications Online System: <http://formorders/>. For more information on how to download or order these documents in alternative formats, please consult the forthcoming policy directive concerning the Rafferty Stipulation of Settlement.

Translations of the above listed documents into languages other than English will be available following July 1, 2016. To provide meaningful access in the interim, SSDs must not use previous versions of these documents that have been translated into languages other than English. SSDs must utilize interpreter services for applicants and recipients with limited English proficiency (LEP) who require assistance with the completion of the newest versions of these forms. For further information regarding the provision of services to LEP individuals, SSDs should refer to 06-ADM-05, "Providing Access to Temporary Assistance Programs for Persons with Disabilities and/or Limited English Proficiency (LEP)."

Any questions concerning revisions to the LDSS-2921, PUB-1301, LDSS-3174, PUB-1313, and LDSS-4148A, LDSS-4148B, or LDSS-4148C should be directed to OTDA's Strategic Operations unit at (518) 408-5962. Questions concerning revisions to the LDSS-4826, LDSS-4826A, LDSS-4942, or LDSS-2291 should be directed to OTDA's SNAP Bureau at (800) 343-8859. Contact OTDA's BMS unit at (800) 343-8859, ext. 4-9522, with any questions regarding the ordering of documents described herein.

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