### Informational Letter

**Section 1**

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<th>Transmittal:</th>
<th>17-INF-10-T</th>
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<tr>
<td>To:</td>
<td>Social Services District Commissioners</td>
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<tr>
<td>Issuing Division/Office:</td>
<td>Integrated Family Assistance Programs / Employment and Income Support Programs</td>
</tr>
<tr>
<td>Date:</td>
<td>June 21, 2017</td>
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<tr>
<td>Subject:</td>
<td>Revisions of the LDSS-4903, LDSS-4904 and LDSS-4906</td>
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<tr>
<td>Suggested Distribution:</td>
<td>Temporary Assistance Directors, SNAP Directors, Employment Directors, Staff Development Coordinators, WMS Coordinators, Investigation/Fraud Coordinators</td>
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</table>
| Contact Person(s): | SNAP Policy Questions: SNAP Bureau at: 518-473-1469  
Fraud Policy Questions: AQI Program Integrity, Stephen Bach, at: 518-402-0117 |
| Attachments: | Attachment 1: LDSS-4903 Disqualification Consent Agreement  
Attachment 2: LDSS-4904 Notice of Consequences of Consenting to a Disqualification Consent Agreement  
Attachment 3: LDSS-4906 Notice to Advise Individuals on a Court Record of Disqualification Provisions |
| Attachment Available Online: | ✗ |

### Filing References

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<td>97 ADM-23</td>
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<td>15 INF-07-T</td>
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<td>18 NYCRR 387.1</td>
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Section 2

I. Purpose

The purpose of this Informational Letter (INF) is to inform social service districts (districts) that the following forms have been revised:

- **LDSS-4903** “Disqualification Consent Agreement” (Rev. 5/17); 
- **LDSS-4904** “Notice of Consequences of Consenting to a Disqualification Consent Agreement” (Rev. 5/17); 
- **LDSS-4906** “Notice to Advise Individuals on a Court Record of Disqualification Provisions” (Rev. 5/17)

II. Background

In establishing Supplemental Nutrition Assistance Program (SNAP), Intentional Program Violations (IPVs), federal and State regulations permit the use of the Disqualification Consent Agreement (DCA) for those SNAP cases in which the accused individual admits to having committed an IPV and has waived their rights to an administrative disqualification hearing. The forms identified in this INF are used by district attorneys’ office and other authorized entities, including in certain situations social services districts, to notify recipients of the consequences should they voluntarily decide to sign a DCA.

III. Revisions

The LDSS-4903, “Disqualification Consent Agreement”

- The SNAP Penalty Warning has been revised in compliance with current regulations at 7 CFR 273.16 and 18 NYCRR 387.1; 
- The language in statement #1 has been revised to differentiate between the SNAP and Public Assistance (PA) programs, as SNAP speaks in terms of “household” and use of the term “family” is for PA purposes; and,
- On page 2, the last sentence in #5 has been revised to clarify when the disqualification penalty will begin for SNAP. The disqualification period will begin on the date set forth in the notice of disqualification regardless of whether the individual is currently in receipt of SNAP benefits at the time.

The LDSS-4904, “Notice of Consequences of Consenting to a Disqualification Consent Agreement”

- The SNAP Penalty Warning has been revised in compliance with current regulations at 7 CFR 273.16 and 18 NYCRR 387.1;
The language in the first bullet has been revised to differentiate between the SNAP and PA programs, as SNAP speaks in terms of “household” and use of the term “family” is for PA purposes; and,

On page 2, the second bullet has been revised to clarify when the disqualification penalty will begin for SNAP. The disqualification period will begin on the date set forth in the notice of disqualification regardless of whether the individual is currently eligible for, and will continue uninterrupted until completed.

The LDSS-4906 “Notice to Advise Individuals on a Court Record of Disqualification Provisions”

All references to “Food Stamps” have been changed to “SNAP”;

The SNAP Penalty Warning has been revised in compliance with current regulations at 7 CFR 273.16 and 18 NYCRR 387.1;

The first paragraph has been revised to differentiate between the SNAP and PA programs, as SNAP speaks in terms of “household” and use of the term “family” is for PA purposes;

In the 3rd paragraph, the phrase “court of law” has been removed and revised to “court of appropriate jurisdiction”;

Paragraph 7 has been revised to clarify when the disqualification penalty will begin for SNAP. The disqualification period will begin on the date set forth in the notice of disqualification regardless of whether the individual is currently in receipt of SNAP benefits at the time;

Repayment rules for SNAP overpayments as a result of an IPV have been clarified; and,

Statements on this Notice satisfy the requirements of 18 NYCRR 359.9.

IV. Forms Ordering Information

The revised English version of the LDSS-4903 “Disqualification Consent Agreement” (Rev. 5/17); LDSS-4904 “Disqualification of Consequences of Consenting to a Disqualification Consent Agreement” (Rev. 5/17); and the LDSS-4906 “Notice to Advise Individuals on a Court Record of Disqualification Provisions” (Rev. 5/17) are Camera Ready Only forms.

The above referenced documents have been posted on the OTDA Intranet website at: http://otda.state.nyenet/ldss_eforms/default.htm and is available for downloading by local districts for reproduction locally.

Upon the release of this INF all previous versions of these forms must immediately be destroyed and replaced with the version listed above.
Any future requests for master camera ready 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) on-line 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 of this form should be resubmitted, reflecting the current updates, to the mailing address above for review and approval.

Issued By
Name: Barbara C. Guinn  
Title: Executive Deputy Commissioner