



Office of Temporary and Disability Assistance

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Governor

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Commissioner

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Executive Deputy Commissioner

Informational Letter

Section 1

Transmittal:	20-INF-05
To:	Social Services District Commissioners
Issuing Division/Office:	Employment and Income Support Programs
Date:	February 21, 2020
Subject:	Release of a New Manual Notice of Intent: LDSS-4004A NYC and Revisions to LDSS-4004A and LDSS-4004B
Suggested Distribution:	Temporary Assistance Directors Supplemental Nutrition Assistance Program Directors Staff Development Coordinators Employment Coordinators
Contact Person(s):	Employment and Advancement Services Bureau 518-486-6106
Attachments:	Attachment 1 - Notice of Intent to Change Benefits -Part A - LDSS-4004A (rev. 5/19) Attachment 2 - Notice of Intent to Change Benefits -Part A - LDSS-4004A NYC (rev. 5/19) Attachment 3 - Notice of Intent to Change Benefits -Part B - LDSS-4004B (rev. 5/19)
Attachment Available Online:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
15-LCM-02 16-INF-15 19-ADM-01		18 NYCRR 385.12	Section 342, 342-a	TA and SNAP Employment Policy Manual Section 385.12	

Section 2

I. Purpose

The purpose of this informational letter (INF) is to inform social services districts (districts) of the availability of the [LDSS-4004A NYC](#) Notice of Intent to Change Benefits – Part A Public Assistance Grant and/or Supplemental Nutrition Assistance Program (SNAP) Benefits For Noncompliance With Work Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits (rev. 5/19) which may be used to impose a Temporary Assistance (TA) employment sanction for individuals residing in New York City.

Additionally, this INF notifies districts of the availability of a revised version of the [LDSS-4004A](#) Notice of Intent to Change Benefits – Part A Public Assistance Grant and/or Supplemental Nutrition Assistance Program (SNAP) Benefits For Noncompliance With Work Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits (rev. 5/19) and the [LDSS-4004B](#) Notice of Intent to Change Benefits – Part B Public Assistance Grant and/or Supplemental Nutrition Assistance Program (SNAP) Benefits For Noncompliance With Work Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits. Both were revised in May 2019 with minor adjustments.

II. Background

Districts are required to provide a timely and adequate notice of intent to reduce or discontinue TA and/or SNAP benefits to inform the household that an individual in the household is sanctioned from TA and/or SNAP benefits because he/she has refused or failed to comply with employment requirements. The automated Client Notice System (CNS) was designed to satisfy all requirements for notifying clients of the action taken on their cases. CNS codes are available to cover all decisions, and when used correctly, a timely and accurate notice is generated. Whenever manual notice(s) are used, staff should ensure the notice is complete and accurate and that a copy is maintained in the case record.

Changes made in Chapter 562 of the Laws of 2015 eliminated durational TA employment sanction periods for individuals who reside in a city having a population of one million or more people. The TA employment sanction language generated through CNS was modified consistent with the requirements of SSL §342-a. The LDSS-4004A NYC was created for use by the New York City (NYC) Human Resource Administration (HRA) when sending a manual notice of intent to inform the household of a TA employment sanction.

III. Program Implications

- 1) The manual notice of intent, LDSS-4004A NYC (rev. 5/19), is available for use in NYC only and should be used when sending a manual notice of intent to inform the household of a TA employment sanction. When sending the LDSS-4004A NYC (rev. 5/19) manual notice, HRA should also send the LDSS-4004B (rev. 5/19) to impose a SNAP employment sanction, when appropriate, or otherwise notify the household of any change in SNAP benefits that occurred when a TA employment sanction is imposed.
- 2) The manual notice of intent, LDSS-4004A (rev. 5/19) has been revised for use by districts outside of NYC and should be used when sending a manual notice of intent to inform the household of a TA employment sanction. When sending the LDSS-4004A (rev. 5/19) manual notice, districts outside of New York City should also send the LDSS-4004B (rev. 5/19) to impose a SNAP employment sanction, when appropriate, or otherwise notify the household of any change in SNAP benefits that occurred when a TA employment sanction is imposed.

Districts must continue to ensure that notices of intent are consistent with the requirements of 18 NYCRR 385.12. Districts are encouraged to use CNS to generate the notice of intent but may use the manual notice of intent (LDSS-4004A or LDSS-4004A NYC and the LDSS-4004B), as determined appropriate by the district. In all instances, a copy of the notice of intent must be maintained (physically or electronically) as part of the case record. Notices issued through CNS are maintained on COLD, but districts must maintain a physical or electronic (scanned) copy of a manual notice of intent. Districts who issue a manual notice of intent are reminded to also include a copy of the ABEL budgets and a copy of the budget narrative ([LDSS-3951](#) for TA and [LDSS-3961](#) for SNAP).

IV. Forms Ordering Information

- The revised English and Spanish versions of the [LDSS-4004A](#) (rev.5/19) and the [LDSS-4004B](#) (rev. 5/19) are printed by the New York State Office of Temporary and Disability Assistance (OTDA). The [LDSS-4004A NYC](#) (rev. 5/19) is a web only form.
- These forms are also available on the OTDA Intranet website in the following other than English languages: Arabic, Bengali, Chinese, Haitian-Creole, Korean, Russian and Spanish. To access the English and other than English languages go to the OTDA Intranet website at: http://otda.state.nyenet/ldss_eforms/default.htm.
- 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, including other than English language versions of the 4004A and/or 4004B **must immediately be destroyed** and replaced with the revised 5/19 version.
- Any future requests for printed copies of the English version of the [LDSS-4004A](#) (rev.5/19) and the [LDSS-4004B](#) (rev. 5/19), should be submitted to 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
District 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 or new request for a Local Equivalent of this form should be submitted, reflecting the current updates, to the email address below for review and approval.

otda.sm.Local.Equivalent.Requests@otda.ny.gov

Issued By:

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Title: Deputy Commissioner
Division/Office: Employment and Income Support Programs/Office of Temporary and Disability Assistance